
Transportation To and From Child Care Locations

Request for School Year _____ Date of Request _____ Effective Date _____

Please complete this form and return it to the Transportation Dept. by July 1st. If received after July 1st, processing your request may take up to 2 weeks.

Please note: Transportation can be provided to a New York State licensed child care located anywhere within the boundaries of the Iroquois Central School District; however transportation to a private baby sitter will only occur if the address is within the attendance area of the child's school.

Student Name: _____ Parent Name: _____

Home Address: _____

Home Phone: _____ Emergency Phone: Name _____ # _____

School: _____ Grade: _____

Please indicate the child care location below and whether this request is for morning pick up or afternoon drop off, **only home and one additional location is allowed**. We will route your child from the information you provide.

Child Care Location – Morning Pick Up – circle days needed M T W Th F ALL

Address of child care provider: _____

Name of child care provider: _____ Phone: _____

Child Care Location – Afternoon Drop Off – circle days needed M T W Th F ALL

Address of child care provider: _____

Name of child care provider: _____ Phone: _____

Parent signature _____

Date _____

Transportation Dept. Use

Date received _____ By _____

Bus assignments AM _____ PM _____

Entry date _____ Parent notified: By _____ Date _____

School notified: By _____ Date _____