

Iroquois Central School District Transportation Department  
2111 Girdle Rd.  
P.O. Box 32  
Elma, New York 14059  
(716)652-5130 Telephone (716)995-2329 FAX

**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 1<sup>st</sup>. If received after July 1<sup>st</sup>, 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 \_\_\_\_\_ # \_\_\_\_\_

Email address: \_\_\_\_\_

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 \_\_\_\_\_