



**Arlington Central School District
Transportation Department
486-4955
Childcare Transportation Request Form**

This form must be completed in full and returned to your child's school in order for your child to be transported to or from another location other than your home address. Please print.

Childcare Transportation Deadlines: April 1 for *out of attendance zone* daycare center
August 15 for all other childcare providers

Date: _____

Student's Name: _____
(Last) (First)

Address: _____
(Street Address – No P.O. Boxes Please!)

City, State, & Zip: _____

Home Phone: _____ Contact/Emergency Phone: _____

School: _____ Grade: _____

School Year: _____ Date of Birth: _____

Parent(s)/Guardian Name(s): _____

If your child goes to and/or from a childcare provider at a different address than shown above, please fill out the form below including the name, address, and telephone number of the childcare provider. **Be sure to return this form to school where your child attends.**

<u>Pickup</u>	<u>Drop-off</u>
Check One: <input type="checkbox"/> Home <input type="checkbox"/> Childcare Provider	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Childcare Provider
Provider's Name: _____	Provider's Name: _____
Provider's Address: _____ _____	Provider's Address: _____ _____
Provider's Phone: _____	Provider's Phone: _____
Check Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	Check Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

Parent/Guardian Signature: _____ **Date:** _____

Note to School Staff: Please fax this form to the transportation office upon receipt.