

## 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.

	pril 1 for <i>out of attendance zone</i> commercial daycare center ugust 15 for all other childcare providers
Date:	
Student's Name:	
Student's Name:(Last)	(First)
Address: (Street Address – No.)	P.O. Boxes Please!)
	1.0. Boxes Fiedse:)
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 prout the form below including the name, address to return this form to school where your child	rovider at a different address than shown above, please fill s, and telephone number of the childcare provider. Be sure ld attends.
<u>Pickup</u>	Drop-off
Check One: Home Childcare Prov	vider Check One: Home Childcare Provider
Provider's Name:	Provider's Name Bookman Rockation
Provider's Address:	Provider's Address: 31 lackeation Conter 1
	Hopewell Jot., W. 12533
Provider's Phone:	Provider's Phone: 845 - 227-578 3
Check Days:	Check Days:
Mon Tues Wed Thurs F	Fri Mon Tues Wed Thurs Fri
Parent/Guardian Signature:	Date: