

CHATHAM CENTRAL SCHOOL DISTRICT

(518) 392-1501

2017-2018 CHILDCARE TRANSPORTATION REQUEST

If you are requesting transportation to and/or from an *alternate* address for *child care purposes* for the 2017-2018 school year, please complete and return this form to the Superintendent's Office. All requests must be received by April 1, 2017. A **NEW FORM MUST BE COMPLETED EACH SCHOOL YEAR, EVEN IF YOUR CHILDCARE ARRANGEMENTS HAVE NOT CHANGED.** The District cannot guarantee honoring requests made after April 1, 2017.

CHILD'S 911 HOME ADDRESS

911 CHILD CARE LOCATION ADDRESS

Office Use Only:

Regular Bus Route _____

Alternate Bus Route _____

Childcare Location Contact Name

Childcare Contact Phone #

SCHEDULE OF TRANSPORT TO CHILDCARE LOCATION REQUESTED:

Please note that child care must follow a *consistent* schedule (e.g. every Monday and Wednesday.) Requests for unscheduled or random days cannot be accommodated. Circle below all that apply.

My child will attend school FROM the provider's home.	Monday Tuesday Wednesday Thursday Friday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
My child will go TO the provider's home after school.	Monday Tuesday Wednesday Thursday Friday <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NAME OF CHILD(REN)

GRADE IN 2017-2018

THIS FORM MUST BE COMPLETED AND RETURNED BY APRIL 1, 2017 TO:

Superintendent's Office, Chatham Central School District, 50 Woodbridge Ave., Chatham, NY 12037

Parent Name (printed) and Phone Number

Parent Signature/Date

Office Use Only:

Approval _____ Date _____