

TRANSPORTATION FORMCHILDCARE AND/OR SCHOOL TRANSFER REQUEST**

Today's Date: _____

for office use only

Student Name: _____

Date: _____ By: _____

Student Address: _____

A.M. RT# _____

Stop: _____

Parent/Guardian Name: _____

P.M. RT# _____

Telephone Numbers: Home: _____

Stop: _____

Cell: _____

for Supt's. Office only

Work: _____

____ Transportation Can Be Provided

____ Transportation Cannot Be Provided

Requesting (*please check one*): Current School Year Only Remainder of All Grade Levels in this Building

Home School According to Address: _____ Grade: _____

Requesting Transfer to this School: _____

(Please Do Not Write Daycare Info Here)

NOTE: Please be aware that transportation to the requested school MAY NOT BE AVAILABLE

Reason for Transfer Request (*if reason is daycare, please fill out Daycare Provider or Sitter Information below*):

Name of Daycare/Sitter: _____

Requesting Daycare
Transportation for
(check one):

Address of Daycare/Sitter: _____

Pick Up only @ daycare

Drop Off only @ daycare

Telephone Number: _____

Both Ways to/from daycare

START DATE: _____

Parent/Guardian Signature: _____

PLEASE RETURN COMPLETED FORM TO: NRCSD Department of Transportation

65 Chapel Street

Garnerville, NY 10923

(845) 942-3050 or 942-3012

FAX (845) 942-3041

(PLEASE NOTE: Response to requests for next school year will be by mid-August.)