

WARWICK VALLEY CENTRAL SCHOOL DISTRICT



TRANSPORTATION DEPARTMENT
TEL: 845-987-3035 FAX : 845-988-5694

CHILDCARE TRANSPORTATION REQUEST
DUE ON OR BEFORE JULY 1, 2010

DATE:
CHILD'S NAME: PRINT FIRST NAME PRINT LAST NAME
HOME ADDRESS: HOUSE/APT. NUMBER AND STREET
MAILING ADDRESS IF DIFFERENT
HOME PHONE: CELL: WORK PHONE:
SCHOOL: GRADE:

CHILDCARE PROVIDER'S NAME:
CHILDCARE PROVIDER'S ADDRESS:
CHILDCARE PROVIDER'S PHONE #:
CHILDCARE PROVIDER'S SCHOOL ZONE:

AM PICK UP ONLY PM DROP OFF ONLY BOTH AM/PM

I certify that all the information contained on this form is accurate and that the above-named student is under my care on a regular basis according to the WVCSD Board Policy.

Signature of Childcare Provider Date

EMERGENCY CONTACT NAME: PHONE # :

PARENT SIGNATURE:

REQUESTED START DATE:

I certify that the information contained on this form is accurate and that my child, is receiving childcare from on a regular schedule according to the WVCSD Board Policy.

Signature of Parent Date

Note: School Board Policy requires five (5) consecutive days (AM, PM, or Both) at the same childcare location. The caregiver location must be in the same zone as the school the child attends. Use a separate form for each child requiring transportation. A new request must be submitted by the due date each school year. Please submit requests as soon as possible. Since requests made after July 1st are received after our Bus Routing process has been initiated, it may be more difficult to accommodate your request for transportation from your childcare provider's location. Please be mindful that requests require at least 5 business days for action by the Transportation Department. It may not be possible to act upon requests received between the last week of August and the first two weeks of September.

FOR OFFICE USE ONLY: DATE RECEIVED: ACTION TAKEN: AM BUS PM BUS

SUBMIT FORMS TO: TRANSPORTATION DEPARTMENT
WARWICK VALLEY SCHOOL DISTRICT
P.O. BOX 595
WARWICK, NY 10990
mschlagel@wvcsd.org