



East Greenbush Central Schools

D. JACK HEDDEN-RAYMOND H. WERKING SR

TRANSPORTATION CENTER

112 Hays Road · East Greenbush, NY 12061

Phone (518) 477-9288 · Fax (518) 477-7647

MaryAnn Belmont, Transportation Supervisor

TRANSPORTATION REQUEST FOR DAYCARE

GUIDELINES / INSTRUCTIONS

This form must be completed on an **annual basis by July 1st**. This form must be completed for any student needing district transportation to a daycare provider before and/or after school on a regular basis.

Transportation to daycare providers must be within your child school's attendance zone or an accredited daycare center (i.e. YMCA)

Please submit this form to the transportation department by mail or by fax. Once the form is received please allow 3-5 days for changes to occur during the school year.

TO BE COMPLETED BY PARENT

(PLEASE PRINT CLEARLY)

Students Name(s): _____ School: _____ Grade: _____

Home Address: _____

Parent/Guardian: _____ Phone: _____(H) _____(C)

I request that my child(ren) be transported to the location listed below:

Provider/Daycare Name: _____ Phone: _____

Street Address: _____

Comments: _____

Will this be effective for the entire school year: Yes or No (please circle)

If no, please list the dates needed: Beginning Date: ___/___/___ Ending Date: ___/___/___

I have read and understand the above guidelines, and have completed all information requested. I understand that I must submit this form by **July 1st** of each year or as soon as possible after establishing district residency.

Parent/Guardian Signature: _____ Date: ___/___/20__

FOR TRANSPORTATION DEPT USE ONLY

Approved: _____ Denied: _____ Effective Date: ___/___/20__

AM Route: _____ PM Route: _____

Original: Transportation Dept
Copies: School & Driver(s)

A School and Community Working Together