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

Office Use Only		
Received Date	Approved	
Alternate Route	am	pm

REQUEST FOR TRANSPORTATION TO DAYCARE/ALTERNATE LOCATION

STUDENT AND PARENT INFORMATION (*this form MUST be updated annually)*

- If your child(ren) require transportation to a **DIFFERENT ADDRESS** (other than your primary home address), please complete this *form and return to the Transportation Department no later than **April 1st**.
- Transportation will be provided to a **NYS Licensed Childcare** provider located within the East Greenbush Central School District boundaries.
- **For grades K-5**, students can be transported to a NYS Licensed Daycare provider outside their elementary school attendance zone. If the daycare/alternate address is a **non-licensed** home daycare or a **relative's home,** transportation will only be provided to locations within the attendance zone of the elementary school your child attends.
- **This applies to joint custody. One parent is primary address, the other is an alternate address. We cannot transport outside of the home elementary school boundary. We will only transport to one primary address.**

For a **detailed map** of the district's attendance zones please go to **www.egcsd.org/district-map**

IF COVID RESTRICTIONS CONTINUE INTO 2022/23, WE WILL NEED TO ADHERE TO THE ONE BUS ONLY RULE (same bus AM&PM)

Please CIRCLE appropriate school year: ***Summer 2022*** **School Year 2022/2023**

NAME OF STUDENT/S	School	Grade	Date of Birth
1)			
2)			

Full Name of Parent/Guardian	Relationship to Student	Home Phone	Work/Day Phone	Cell Phone

STUDENT'S **PRIMARY** ADDRESS (Must be physical address – not Post Office Box)

Street: _____ City: _____ Zip: _____

Resides With: ☐Both Parents ☐Father ☐Mother ☐Other _____ Receives Mail: ☐Yes ☐No

Daycare/Alternate Location Information (**Is this also the Emergency Location*: ☐*Yes* ☐*No*)*

***If **no**, please specify **Emergency Location** _____

Name of Daycare Provider/Alternate Location	Address	Phone	Additional Phone

Licensed Daycare	Friend or Relative	Needed for Entire Year	**Effective Dates**	
☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	**Start Date**	**End Date**

Days of the week transportation will be needed (please mark which days student(s) will be going to alternate location)
**If the schedule alternates, please provide a calendar*

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Additional Comments/Information:

_____

I certify that the information provided above is accurate and complete

_____ _____

Parent/Guardian Signature *Date*

Approved 1/2022 ORIGINAL FORM MUST BE SENT TO THE TRANSPORTATION DEPARTMENT