



**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](http://www.egcsd.org/district-map)

Please **CIRCLE** appropriate school year:                      *Summer 2026*                      **School Year 2026 / 2027**

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	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_