Bus In

Home

**Bus Out** 

## **EXHIBIT 8411-E.1**



Date

## **Transportation Department**

1133 Lehigh Station Road ~ Henrietta, NY 14467

Phone: 585-359-5370

School Year
/

## TRANSPORTATION REQUEST FORM - TO BABYSITTER OR CHILD CARE

STUDENT INFORMATION For families with multiple students, a form for each student in the family is required.						
School Name Date of Request						
Student First, Last Name Home Address		Grade (current year)				
REQUEST FOR CARE  Please note that arrangements must be consistent weekly, with a maximum of two pick-up and two drop-off points during the week.  Start Date: All requests must be submitted by Wednesday prior to the week of the request change.						
AM Care Days attending (check): M T W TH F	PM Car	e Days a	ttending (check):	M T W TH	1 F	
Provider Name: Provider N			ıme:			
Provider Address:	Provider Address:					
Phone Number:	Phone Number:					
CANCELLATION OF REQUEST						
AM Care Cancellation Date:	PM Car	PM Care Cancellation Date:				
PARENT/GUARDIAN INFORMATION						
First and Last Name Primary Pho	Primary Phone Number		Email Address			
The district provides transportation to and from care providers for eligible students in grades K-6. Transportation arrangements must be consistent with a maximum of two pick-up and drop-off points. Parents or guardians of students residing in the Rush-Henrietta Central School District must submit a written request for transportation to a child care provider annually no later than <b>April 1</b> of the preceding year.**						
My signature certifies that I am the parent/legal guardian of the above-mentioned student and authorize transportation to and/or from the care provider listed. $$^{\text{For office use only}}$$						
Parent/Guardian Signature		Sitter	Bus In	Bus Out		

<sup>\*\*</sup> Change requests received after August 12 <u>may not</u> be accommodated until the second week of school. Bus passes <u>will not</u> be written for late child care form submissions.