



Transportation Department
 1133 Lehigh Station Road ~ Henrietta, NY 14467
 Phone: 585-359-5370

School Year
 20__/20__

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.

<input type="checkbox"/> AM Care Days attending (circle): M T W T H F	<input type="checkbox"/> PM Care Days attending (circle): M T W T H F
Provider Name:	Provider Name:
Provider Address:	Provider Address:
Phone Number:	Phone Number:

CANCELLATION OF REQUEST

<input type="checkbox"/> AM Care Cancellation Date:	<input type="checkbox"/> PM Care Cancellation Date:
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PARENT/GUARDIAN INFORMATION

First and Last Name	Primary Phone Number	Alternate Phone Number
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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 **April 1** 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.

 Parent/Guardian Signature

 Date

For office use only

Sitter	Bus In	Bus Out
Home	Bus In	Bus Out

** Change requests received after August 23 **will not be accommodated** until the second week of school. Bus passes **will not** be written for late child care form submissions.