RUSH-HENRIETTA CENTRAL SCHOOL DISTRICT
EXHIBIT 8411-E.2

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

School Year
/

TRANSPORTATION REQUEST FORM - SPLIT CUSTODY ARRANGEMENTS

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 (circle): M T W TH F	☐ PM Care Days attending (circle): M T W TH F
Provider Name:	Provider Name:
Provider Address:	Provider Address:
Phone Number:	Phone Number:

CANCELLATION OF REQUEST

☐ AM Care Cancellation Date:	☐ PM Care Cancellation Date:

PARENT/GUARDIAN INFORMATION

_____

First and Last Name   Primary Phone Number   Alternate Phone Number

The district provides transportation within district boundaries for shared custody arrangements for students in grades K-12. 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.

For office use only

	Bus In	Bus Out
Sitter		
Home	Bus In	Bus Out

_____
Custodial Parent/Guardian Signature

_____
Date

** Change requests received after August 12 _may not be accommodated_ until the second week of school. Bus passes _will not_ be written for late child care form submissions.

Please submit form to the school your student attends.