

Warwick Valley Central School District Transportation Department

Childcare Transportation Request

Due on or before May 1, 2015

Date: _____

Child's First Name (print): _____ Child's Last Name (print): _____

Home Address (house/apt. no. and street): _____

Mailing Address (if different): _____

Home Phone: _____ Cell: _____ Work Phone: _____

School: _____ Grade: _____

Childcare Provider's Name _____

Childcare Provider's Address: _____

Childcare Provider's Phone #: _____

AM pick-up only _____ PM drop-off only _____ Both AM/PM _____

I certify that all the information contained on this form is accurate and that the above-named student is under my care on a regular basis according to the Warwick Valley Central School District Board Policy.

Signature of childcare provider: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

Requested Start Date: _____

We certify that the information contained on this form is accurate, and that my child, _____ is receiving childcare from _____ on a regular schedule according to the Warwick Valley Central School District Board policy.

Both Parents/Legal Guardian(s) must sign below:

Print Name of Parent/Legal Guardian (1): _____

Signature: _____ Date: _____

Print Name of Parent/Legal Guardian (2): _____

Signature: _____ Date: _____

Email Address for Parent/Guardian: _____

Note: School Board policy requires five (5) consecutive days (AM, PM, or both) at the same childcare location. The caregiver location must be in the same zone as the school the child attends. Use a separate form for each child requesting transportation. A new request must be submitted by the due date each school year. Please submit requests as soon as possible. Since requests made after May 1st are received after our Bus Routing process has been initiated, it may be more difficult to accommodate your request for transportation from your childcare provider's location. Please be mindful that requests require at least five (5) business days for action by the Transportation Department. It may not be possible to act upon requests received between the last week of August and the first two weeks of September.

For office use only: DATE RECEIVED: _____ **ACTION TAKEN: AM BUS** _____ **PM BUS** _____

Submit forms to: Transportation Department, Warwick Valley Central School District, P.O. Box 595, Warwick, NY 10990

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