

**RED CREEK UNIVERSAL PRE-KINDERGARTEN
TRANSPORTATION RELEASE FORM**

Student's Name: _____

1. My child is picked up and dropped off at home: YES _____ NO _____
2. If NO is checked, please complete the following:

Morning Daycare Provider: (am pick up) _____

Address: _____

Phone: _____ Cell Phone: _____

Afternoon Daycare Provider: (pm drop off) _____

Address: _____

Phone: _____ Cell Phone: _____

3. By signing this release, I hereby designate the following person(s) as alternate adult caregiver for the purpose of supervising (Student's Name) _____ if I or my designated daycare provider is not available at the time of drop-off. I acknowledge my responsibility to notify my child's educational provider and transporter of any change in daycare providers. (Please list a close-by relative, friend, or neighbor who would be responsible for your child in the event you are not home at the time of drop off.) We MUST have at least one person available who could do this.

Name: _____ Phone: _____ Cell: _____

Address: _____

Name: _____ Phone: _____ Cell: _____

Address: _____

4. I give permission to my child's teacher to release information to the assigned bus driver regarding (Student's Name) _____ so that they can better care for my child while being transported.
5. NYS school bus regulations state that we must have permission to require the use of seatbelts. If you would like your child to be buckled please check the appropriate space below. Children will be responsible for fastening and unfastening seatbelts.

_____ I would like my child to wear a seatbelt. _____ My child is not required to wear a seatbelt.

Parent/Guardian Signature

Date