

MASSENA CENTRAL SCHOOL DISTRICT
CHILDCARE TRANSPORTATION FORM

BUS IN _____ (Transfer Bus _____) BUS OUT _____

START DATE: _____ DAYS NEEDED _____ ONLY WITH NOTE _____

I am requesting transportation for my child _____

Grade _____ who attends _____ School.

Our home address is: _____.

I am requesting alternate transportation for **AM** and/or **PM** (**circle one or both**):

TRANSPORT INFORMATION: TO.....or.....FROM.....or..... BOTH

Name: _____.

Phone number: _____.

Address: _____.

I understand that we must be eligible for transportation and the address we request must be eligible in order for this request to be considered for approval. The District will not transport students to a residence located within walking limitations established by the Massena Board of Education. The bus route will not be changed to accommodate the request and the bus must not be filled to capacity. *I also understand that my child will be released at the nearest appropriate school bus stop.*

This request expires at the end of each school year. Please resubmit for the following school year if childcare will continue or if changes need to be submitted.

Parent/Guardian signature: _____

Phone number: _____

Please fax form to the Transportation department for approval at 764-3792 or bring to your child(s) school secretary to forward:

Transportation Supervisor signature: _____

Approved _____ Rejected _____ Date _____

Please allow at least 3 days for this request to take place. Send note with student to school if necessary. You may contact the bus garage at 764-3700 x3020 to verify the request has been received and verify with your child(s) teacher that they have received the information. Thank you.