

YORK CENTRAL SCHOOL TRANSPORTATION FORM

2578 Genesee Street, Box 102, Retsof, New York 243-3175

ANNUAL REQUEST FOR TRANSPORTATION

Student's Name _____ Grade _____

Parent/Guardian Name _____

Home Address _____ Phone # _____

(not P.O. Box)

Work # _____

Emergency Contact _____ Phone# _____

Address _____ Work # _____

Parent/Guardian Signature _____ Date _____

Child-Care Provider _____ Phone# _____

Address _____ Start Date _____

If Transportation is the **SAME FOR EVERY DAY**, please complete the following section.

PICK-UP LOCATION

DROP-OFF LOCATION

(HOME OR CHILD CARE PROVIDER)

If Transportation **VARIES** from day to day, please complete the following section.

PICK-UP LOCATION

DROP-OFF LOCATION

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

Child must have a **consistent** 5-day a week schedule with a maximum of **two** pickup and **two** drop-off locations. For example, a child may go to daycare Monday, Wednesday and Friday and home the other two days. Under no circumstance will phone calls be accepted for changes. Daily and weekly changes cannot be accommodated. The schedule must remain the same for the entire school year. All child-care request forms must be returned to the Transportation Department. A form must be filled out for each child. **The Transportation Supervisor will make any variance from this policy determined to be an emergency.**