

**Phelps-Clifton Springs Central School District**

Transportation Department

2117 State Route 96 Clifton Springs, NY 14432

Fax: 315-548-6409 Phone: 315-548-6400

**2020/2021 Annual Transportation Request**

**For Transportation To/From a Day Care Provider or Alternate Site**

**Instructions: Please submit one form per child.**

Complete the sections of this form that apply to your child.

Only two pick up and two drop off locations will be accepted.

**This request must be received at the transportation office no later than July 1, 2019.**

This form may be returned to the Transportation Department in person during regular business hours, by mail, or by fax.

**Student Information:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

**In Case of Emergency, Contact** \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

***In the event of an Emergency Dismissal, I would like my child transported to:***  Home  Childcare

***When School Is Scheduled for a Half-Day, I would like my child transported to:***  Home  Childcare

**Morning Pick Up Information:**

**Start Date:** \_\_\_\_\_

**Home**  check box \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

**No AM Transportation Needed**  check box

**AM Location #1:** \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**AM Location #2:** \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Afternoon Drop Off Information:**

**Start Date:** \_\_\_\_\_

**Home**  check box \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

**No PM Transportation Needed**  check box

**PM Location #1:** \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**PM Location #2:** \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_