



# SYRACUSE CITY SCHOOL DISTRICT

## Transportation Department

369 Sixth North Street · Syracuse, NY 13208  
Phone 315·435·4260 · Fax 315·435·5854

Sharon L. Contreras

Superintendent of Schools

### Request for Transportation to/from Child Care Provider 2014-2015 School Year

Requests need to be RENEWED EACH SCHOOL YEAR

*Distance Criteria: Grades K-8 – more than 1.5 miles*

To Be Completed By Parent/Guardian Only (PLEASE PRINT CLEARLY)

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_

Student \_\_\_\_\_ Grade: \_\_\_\_\_

Student \_\_\_\_\_ Grade: \_\_\_\_\_

Student \_\_\_\_\_ Grade: \_\_\_\_\_

Student \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone Number : \_\_\_\_\_ Work Number \_\_\_\_\_

Name of Child Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

AM Pick-up Address: (Must be consistent 5 days a week)

PM Drop-off Address: (Must be consistent 5 days a week including early dismissals, extended days and emergencies)

Afterschool Drop-Off Address:

Signature of Parent/Guardian: (Must be signed by parent/guardian only) \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL OR THE TRANSPORTATION DEPARTMENT**  
**IT COULD TAKE UP TO A WEEK BEFORE BUSING IS SET UP FOR YOUR CHILD CARE**

(Please fill this form out completely or it could delay processing your request.)

### Transportation Analyst's Notes

(To Be Completed By the Transportation Department Only)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Denied Reason: \_\_\_\_\_