



SYRACUSE CITY SCHOOL DISTRICT

Jaime Alicea, Superintendent of Schools

Transportation Department

Theresa Kuss, Director

Request for Transportation to/from Child Care 2018-2019 School Year

Request need to be RENEWED EACH SCHOOL YEAR

Distance Criteria: Grades K-12 – more than 1.5 miles

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

SCHOOL _____ DATE _____ Effective Date _____

Student _____ Grade: _____

Student _____ Grade: _____

Home Address: _____ Zip Code: _____

Home Number : _____ Work Number : _____

Name of Child Care Provider: _____ Phone Number: _____

Child Care Provider's Signature _____ Date _____

AM Pick-up Please give a specific Address Only (NO CORNERS): (Must be consistent 5 days a week)

PM Drop-off Please give a specific Address Only (NO CORNERS): (Must be consistent 5 days a week including early dismissals, and emergencies)

I understand this form needs to be renewed each school year. Yes _____ Initial _____

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

**PLEASE RETURN COMPLETED FORM TO YOUR CHILDS SCHOOL
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 Only

(To Be Completed By the Transportation Department Only)

- Home address does not match school system
- Childcare address not eligible
- Specific child care address not a corner request
- Form incomplete (see above highlighted areas)