



SYRACUSE CITY SCHOOL DISTRICT
Jaime Alicea, Superintendent of Schools

Transportation Department

Theresa Kuss, Director

**2018-2019 School Year
Request for Transportation to/from Child Care
For Charter & Non-Public Schools**

**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**

Requests need to be RENEWED EACH SCHOOL YEAR

**Distance Criteria: Grades K-8 – more than 1.5 miles
(Please fill this form out completely or it could delay processing your request.)**

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 Address: _____

Please give specific address only (NO CORNERS) (Must be consistent 5 days a week)

PM Drop-off Address: _____

Please give specific address only (NO CORNERS) (Must be consistent 5 days a week including early dismissals, extended days and emergencies)

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

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

Transportation Analyst's Only
(To Be Completed By the Transportation Department Only)

- | | |
|---|--|
| <input type="checkbox"/> Home address does not match school system | <input type="checkbox"/> Childcare address not eligible |
| <input type="checkbox"/> Specific child care address not a corner request | <input type="checkbox"/> Form incomplete (see above highlighted areas) |