SOUTHERN CAYUGA CENTRAL SCHOOL

Request for Transportation/Alternate Transportation – Daycare and/or Babysitter

2024/2025

Complete this form and submit to: Transportation Supervisor
Southern Cayuga CSD
2384 State Route 34B
Aurora, NY 13026
(315) 364-7863 fax

Please Note** ***this form is only valid for the current school year and must be updated yearly.*** **GRADE** _____

Section I (To be completed by Parent or Guardian)

Child's Name: _____ _____ _____
Last *First* *Date of Birth*

Mailing Address: _____ _____ _____
Include Post Office Box & Apartment Number *City* *Zip Code*

Guardian #1: _____ _____ _____
Last *First* *Cell Phone*

Guardian #2 _____ _____ _____
Last *First* *Cell Phone*

Phone Numbers: _____ _____ _____
Emergency Contact Phone *Guardian #1 Work Phone* *Guardian #2 Work Phone*

Section II
DIRECTIONS FOR BUS TO LOCATE YOUR HOUSE:

Exact location: _____ _____
Street (911 Address) *City*

Name of neighbors, nearest intersection, road or other landmark: _____

_____

Section III
DAYCARE/BABYSITTER INFORMATION: Complete this portion only if child will be riding a bus to/from a babysitter's house regularly.

Name: _____ Phone Number: _____

Exact location: _____ City: _____
Street (911 Address)

Name of neighbors, nearest intersection, road or other landmark: _____

_____

Child will be staying at daycare/babysitter's house: _____ Before School _____ After School _____ Both

Section IV **-- Only two different locations are allowed throughout the year – one for home and one for babysitter/daycare locations throughout the year. Please indicate below:**

	AM	**PM**
Monday – Friday	_____	_____

MY REQUEST IS FOR THE FOLLOWING WEEKLY SCHEDULE:

Name(s) of Child(ren)	**Sept. Grade**