



REQUEST FOR TRANSPORTATION TO/FROM CHILD CARE LOCATION

for School Year 2018-19 AM PM

Please note:

* **Transportation to Child Care located within School Attendance Zone:** For students attending elementary school and middle school, upon timely written request, transportation will be provided between school and a before and/or after school child care location within the attendance zone of the school the child attends. Children attending a school outside their residential attendance area may be transported from the School of Attendance to an after-school day care provider when that provider resides within the School of Attendance area boundaries. Children attending Binghamton City Schools on a tuition basis may be transported from the School of Attendance to an after-school day care provider when that provider resides within the School of Attendance area boundaries.

* **Transportation to Child Care located outside School Attendance Zone, but within school district:** Transportation will be provided between school and child day care centers and school age child care programs licensed or registered. This does not include care provided in a residence, even if licensed or registered.

* **A new request must be made each school year.** A request for the beginning of the school year must be made no later than **June 30th**. Requests for changes later in the year must be made at least two business days in advance.

* Transportation to child care will be provided subject to the same mileage limitations as transportation between home and school. Transportation to child care will only be provided if there is no additional cost to the district.

* **Attendance at a child care site must be 5 days a week, Monday through Friday.**

Student's Name: _____		
Student's Legal Residence: _____		
School: _____	Grade: _____	
1 st Guardian's Name: _____	Relationship to Student: _____	
Guardian's Employer: _____	Work Phone: _____	
Home Phone: _____	Cell Phone: _____	
2 nd Guardian's Name: _____	Relationship to Student: _____	
Guardian's Employer: _____	Work Phone: _____	
Home Phone: _____	Cell Phone: _____	
Please include an emergency contact in case we can't reach you in an emergency:		
Emergency Contact: _____	Phone: _____	
The following part of the form is your child care provider information. This is where your child will be picked up and/or dropped off.		
Child Care Provider: _____	Phone: _____	
Address of Provider: _____		

<input type="checkbox"/>	Check this box if you have filled out this form accurately and truthfully. If it is not checked, this form will not be approved.
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Your Signature: _____

Your typed name will suffice if you are filling out this form on the computer.

After this form is turned into the Pupil Services Office, the bus garage will require up to 48 hours to set up busing for this student.

This form is to be turned in to 98 Oak St. Email: YeagerK@binghamtonschools.org or Fax to 607-762-8118

BOX FOR DISTRICT USE	CHILD CARE START DATE: _____
APPROVED: _____	RTE #: _____
NOT APPROVED: _____	STOP TIME: _____