



Schenectady City School District
Request for Transportation to Babysitter or Daycare Location
Please read the Transportation to Alternate Location Procedures before completing this form.

Return this form to:
Schenectady City School District: Transportation Office
108 Education Drive, Schenectady New York 12303

Student Information Section *Fill out entire section

Student Name _____
Last First MI

Date of Birth _____ **Grade level (for Year listed above)** _____

Home Address _____ **Zip** _____

School of Attendance: _____ **School year 20** ___ - **20** ___

Current Transportation Services Received

Does your child currently receive Special Transportation? Yes: ___ No: ___
If not, is your child currently assigned to a corner bus stop? Yes: ___ No: ___

Parent Contact Information

Parent's Name _____

Work Phone _____ **Home Phone** _____ **Cell Phone** _____

Request for Transportation to Alternate Location (other than home)
*If requesting Transportation to/from a location other than home, the student will need to go to the same location M-F

Name: _____

Address: _____ **Zip:** _____

Phone: _____ **Start Date:** ___/___/___

Pick up Location: HOME: _____ **OTHER:** _____

Drop off Location HOME: _____ **OTHER:** _____ **Y-Care:** _____

Parent/Guardian Name – Please Print **Parent/Guardian Signature** **Date**

For Office Use only: Request received: ___/___/___ **by** _____

Transportation Approved: _____ **Denied:** _____ **Route:** _____ **Date:** ___/___/___

Reason(s): _____

Notifications - Parent: _____ **Bus Co.:** _____ **School:** _____