

The parent(s)/guardian(s) request permission for the student listed to have ONE alternate (other than home) pick-up and/or drop-off location as listed below. This form will only pertain to the 2015-2016 school year. This form is also to be filled out by parents who choose to pick up and/or drop off their child(ren) at school every day.

Parents requiring Child Care/Parent Transport forms must submit a NEW Child Care/Parent Transport Form each year. ChildCare/Parent Transport Forms are due – no later than 7/31. The transportation office will be unable to accept busing change requests from 8/21/15-9/18/15. Forms received late will be processed and put in place on 9/21/15.

Any changes to this form after 9/21/15 will be honored 3 days after such changes are received in the elementary school office. Forms can be voided as well with a phone call to the office. It is understood that the school district needs consistency in pick-up and drop-off points to ensure the safety and well being of your child(ren). If it is necessary to change this schedule on any given day, a BUS SLIP will need to be filled out. Bus Slips WILL NOT be honored the first two weeks of school.

Changes to your child's destination can only be honored by preparing a bus slip, which must be received in the main office by 8:30 a.m. Phone calls to the office concerning a change to your child's destination will not be honored due to the potential for a possible breakdown in communication to all office staff, teacher (substitute), child(ren), transportation department, bus driver, or after-school activity personnel.

*If you have a change in your child's AM pick-up location on a particular day, you need to call the bus garage at 895-2511, preferably the day prior to the change, or the morning of the change, if it is last minute.

X STUDENT'S NAME: _____ **HOMEROOM:** _____

X 911 Home Address: _____ **Bus Route #:** _____

(School use only)

X Home Phone: _____ **X Mother's Work/Emergency Phone:** _____, **Cell** _____

X Father's Work/Emergency Phone: _____, **Cell** _____

Parent Transport

PARENT DROP-OFF:

PARENT PICK-UP:

☐ I will transport my child to school every day:

☐ I will be picking my child up from school every day:

Child Care Provider

CHILD CARE:

☐ **PickUp Every AM at Child Care Address:**

☐ **DropOff Every PM at Child Care Address:**

Provider's full name: _____

Child Care Phone #'s: _____

Provider's 911 Address (include house description if this is not a regular bus stop) _____

Bus Route #: _____

(School use only- DO NOT Fill In)

DACC After-School Program, 221 Victoria Drive

☐ **DACC PM Child Care** **Bus Route 12 or 13**
After School PROGRAM every day after school at DACC.

When Duaneburg Central Schools close early the DACC does not operate. The emergency information below will be followed.

In An Emergency:

☐ **A.** I want my child to go home. ☐ **B.** I want my child to go to his/her Care Giver listed above.

☐ **C.** I want my child to follow the alternate instructions I have specified below.

Send my child to the home of:

Name _____

Address (specify road and number location): _____

Phone #: _____

Bus Route _____

(call bus garage if unknown)

☐ **I WILL NOT NEED THIS FORM.** My child will be transported to and from school by school transportation from our home address.

X Parent/Guardian Signature: _____

Date to BEGIN on – at least 3 days after received in office: _____

(office use only)