

Riverhead Central School District

Transportation Department

2015-2016

REQUEST FOR BABYSITTING ARRANGEMENTS

Date of Request: _____

Student's Name: _____

School of Attendance: _____ Grade: _____

***Babysitter locations **outside** the home school area require Superintendent Approval

Parent/Guardian Name: _____

Home Address: _____ ☐ Pick-Up ☐ Drop-Off

Home Phone #: _____

Work Phone #: _____

Emergency Contact Person: _____

Emergency Phone #: _____

Emergency Address: _____

Babysitter's Name: _____ ☐ Pick-Up ☐ Drop-Off

Babysitter's Address: _____

Babysitter's Phone #: _____

I am aware that this request is for five (5) days per week. Unless noted otherwise, these arrangements will be in effect for the current school year ONLY.

Transportation Department Use Only

Entered in Computer/Handled by: _____ Date: _____

Driver Notified by: ☐ Note ☐ Verbal Bus # _____