

**ONEIDA CITY SCHOOL DISTRICT**

565 Sayles St. Oneida, NY 13421

**(315) 363-5470**

**Transportation To/From Child Care/Special Request Form**

\*PLEASE CHECK ANY THAT APPLY\*

— *Address Change* — *New Student* — *Child Care* — *Special Request* — *Emergency Request*

\*ANY ITEM THAT HAS NOT CHANGED, PLEASE STATE "N/C"\*

STUDENT NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

GRADE \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_ DOB \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT

#1 \_\_\_\_\_ PHONE \_\_\_\_\_

#2 \_\_\_\_\_ PHONE \_\_\_\_\_

**\*PLEASE BE ADVISED, THERE IS A THREE DAY WAITING PERIOD FROM THE TIME THAT THE FORM ARRIVES @ THE TRANSPORTATION OFFICE.\***

*The Transportation Department will notify parents of approval/disapproval. If you do not receive a phone call by the third day, please call the Transportation Dept.*

Effective \_\_\_\_\_

(AM) From Address \_\_\_\_\_ Phone \_\_\_\_\_

Individual Responsible \_\_\_\_\_

(PM) To Address \_\_\_\_\_ Phone \_\_\_\_\_

Individual Responsible \_\_\_\_\_

Additional Information \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

***Yearly requests for transportation to childcare locations must be submitted every new school year by April 1<sup>st</sup> each school year to your child's school building/transportation department.***

***If requirements are the same, YOU WILL NOT NEED TO SUBMIT THIS FORM.***

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Request # \_\_\_\_\_

**PLEASE SUBMIT REQUEST (S) TO TRANSPORTATION OFFICE**

**FOR OFFICE USE ONLY**

*AM WAS ON BUS # _____ @ _____	INFORMED DRIVER(S): _____
NOW _____	PARENT: _____
*PM WAS ON BUS # _____	SCHOOL: _____
NOW _____	PUT ON RUN(S): _____