

DAYCARE / ALTERNATE TRANSPORATION APPLICATION



APPLICATION INSTRUCTIONS

This application is used for PERMANENT daycare / alternate transportation arrangements (example: daycare, alternate parent location). Due to the continued focus on student's safety, we will not be able to take permanent transportation information over the phone. For your child's protection, we require detailed information regarding pick-up and drop off arrangements with a parent or guardian's signature.

- A separate application is required for **EACH** student.
- A new application is required for **ANY** change that is made during the school year.
- A new application is required **EVERY** school year.

Due to the overwhelming amount of requests being processed we require that all completed forms be submitted prior to August 1st, so that we may plan our bus routes efficiently. Forms received after August 1st will be processed on a first come, first serve basis due to seating availability. **Any request received after August 15th will not be in place when the school year begins in September.** Processing your application may take up to 5 days, so please plan accordingly.

As always, please understand that the first few weeks of school are hectic and busses may not be on "schedule". Your child may arrive home later than anticipated.

If no application is filed, bussing will be routed to/from the student's home address.

We look forward to working with you for a successful year.

Please drop off or mail this request to, One School Drive Penn Yan, NY 14527. Applications will be processed and forwarded to the child's school.

* REMINDER PENN YAN SCHOOL DOES NOT TRANSPORT 3 YEAR OLDS.*

FORM MUST BE COMPLETED AND RETURNED BY AUGUST 1ST

Penn Yan Central School District DAYCARE /ALTERNATE TRANSPORTATION APPLICATION One School Drive Penn Yan, NY 14527

(315)536-2622 www.pycsd.org

Directions: PLEASE PRINT

- 1. Daycare / Alternate site address must be located within the Penn Yan Central School District.
- 2. Complete an application for EACH child. (K-8)
- 3. Once a weekly transportation schedule is established, it must remain consistent.
- 4. If arrangements change, a new application must be completed.
- 5. A new application must be completed each year and returned (by mail or in person) by August 1st.
- 6. Forms will be returned, unprocessed, if incomplete.

| Child's First & Last Name: Male / Female: Grade: Birth Date: Male / Female: Grade: Street Address: Zip Code: County: City: Zip Code: County: Daycare or Alternate Location Information: Name: City: Zip Code: Address: City: Zip Code: Home Phone: Vork Phone: Cell Phone: Email Address: Please circle the appropriate days below. All other times, student will be transported to/from home address. From daycare /alternate location to school From school to daycare /alternate location Mart Table E | | | | | | ion: | lent Informati | Stude |
|---|---------------|-------------------------------------|---------------------|--------------------------------|-------------|---------|------------------|--------|
| Street Address: City: Zip Code: Daycare or Alternate Location Information: Name: Name: City: City: Zip Code: Zip Code: City: Zip Code: Zip Code: City: City: < | | | | | : | : Name: | d's First & Last | Child' |
| City: County: Daycare or Alternate Location Information: Name: | | | | e / Female: Grade: | _ Male / I | | n Date: | Birth |
| Daycare or Alternate Location Information: Name: | | | | | | | et Address: | Stree |
| Name: | | | County: | Zip Code: | | | : | City: |
| Address: Zip Code: Home Phone: Cell Phone: Email Address: Please circle the appropriate days below. All other times, student will be transported to/from home address. From daycare /alternate location to school From school to daycare /alternate location | | | | nformation: | ation Info | ate Loc | care or Altern | Dayca |
| Home Phone: Cell Phone: Email Address: Please circle the appropriate days below. All other times, student will be transported to/from home address. From daycare /alternate location to school From school to daycare /alternate location | | | | | | | າe: | Name |
| Email Address: Please circle the appropriate days below. All other times, student will be transported to/from home address. From daycare /alternate location to school From school to daycare /alternate location | | Zip Code: | | City: | | | ress: | Addre |
| Please circle the appropriate days below. All other times, student will be transported to/from home address. From daycare /alternate location to school From school to daycare /alternate location | | one: | Cell Ph | Work Phone: | | | ne Phone: | Home |
| From daycare /alternate location to school From school to daycare /alternate location | | | | | | | il Address: | Email |
| | | orted to/from home address. | dent will be transp | ys below. All other times, stu | iate days l | ppropri | se circle the a | Please |
| | | to daycare /alternate location | From school | | | | | |
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| Note: Processing of the transportation request could take up to five (5) working days to complete. | 2. | to five (5) working days to complet | est could take up | ng of the transportation requ | rocessing | ote: Pr | N | |
| UNCURE OF DAVCARE (ALTERNATE TRANSPORTATION ARRANGEMENTS AT THIS TIME. If this line is should de | | C AT THIS TIME I MADE | | | ADE / ALT | | | |
| UNSURE OF DAYCARE / ALTERNATE TRANSPORTATION ARRANGEMENTS AT THIS TIME. If this line is checked, s above information directly to Carolyn Parsons, Secretary, as soon as it becomes available. | a, submit the | | | | - | | | above |

| Parent / Guardian Inform | nation: | | | | |
|--------------------------|-------------|-------|-------------|-----------|---|
| Name of Parent / Guardia | an: | | | | |
| Home Address: | | City: | | Zip Code: | |
| Home Phone: | Work Phone: | | Cell Phone: | | - |
| Email Address: | | | | | |
| Parent / Guardian Signat | ure: | | Date: | | |
| FOR OFFICE USE ONLY: | APPROVED: | DATE: | COMPUTER: | | |
| | APPROVED: | UAIE: | | | |

