

MECHANICVILLE PUBLIC SCHOOL DISTRICT

25 Kniskern Avenue

Mechanicville, NY 12118

TRANSPORTATION REQUEST FORM FOR CHILD CARE

DIRECTIONS: Complete the form below and return to the Elementary School Office. Please call (518) 664-7336, ext. 2501, if you have any questions regarding the form. Submit one form for each child.

Student's Name _____

2020-2021 Grade _____ **2020-2021 Teacher** _____

Home Address _____

I hereby request a change in bus transportation FIVE (5) DAYS PER WEEK effective:

_____ **(Beginning Date)**

Caregiver's Name _____

Address _____

Phone _____

Circle as Appropriate: **AM only** **PM only** **AM and PM**

Comments:

Parent Signature

Date

Home Phone

Work Phone

FOR SCHOOL USE ONLY: **Approved** _____ **Denied** _____

Date: _____

Home Bus # _____

Babysitter Bus # _____

Comments: _____

Principal's Signature: _____

Date Parent Contacted: _____

Phone Call / Letter

cc: - Bus Garage

[c:\mydocuments\forms\babysitterrequestform]