

**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]