



Dr. Laura P. Feijóo
Superintendent of Schools

City School District of New Rochelle
515 North Avenue
New Rochelle, NY 10801

TRANSPORTATION – CHILD CARE APPLICATION

SCHOOL YEAR: 20_____

RETURN TO:

City School District of New Rochelle
Office of Transportation
515 North Avenue
New Rochelle, NY 10801

Check ONE: Childcare Religious Instruction

Student Name: _____

Student Address: _____

City: _____ State: _____ Zip: _____

School: _____ Sex: _____ Date of Birth: _____

Grade for **September 2020** (Circle one): K 1 2 3 4 5

Parent or Legal/Custodial Guardian Information

Mother _____ Father _____

Primary Phone _____ Alt. Phone . _____

E-Mail. _____

Signature of Mother or Father
or Legal/Custodial Guardian _____ Relationship to Student: _____

Emergency Contact (other than parent or legal/custodial guardian)

Contact Name: _____ Phone: (_____) _____

Are you eligible for transportation from home to school? Yes _____ No _____

Requested Start Date: _____ (PLEASE ALLOW UP TO 10 DAYS FOR PROCESSING)

OFFICE USE ONLY

Start Date: _____ Bus Company: _____

Bus Route: _____ Bus Stop: _____



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A. BEFORE SCHOOL _____

Name and address of childcare location or religious instruction program

DAYS OF THE WEEK (CIRCLE) MON TUE WED THU FRI

NAME OF ADULT AT CHILDCARE CENTER: _____ PHONE NUMBER: _____

B. AFTER SCHOOL _____

Name and address of childcare location or religious instruction program

DAYS OF THE WEEK (CIRCLE) MON TUE WED THU FRI

NAME OF ADULT AT CHILDCARE CENTER: _____ PHONE NUMBER: _____

OFFICE USE ONLY

Start Date: _____ Bus Company: _____

Bus Route: _____ Bus Stop: _____