



SYRACUSE CITY SCHOOL DISTRICT

Jaime Alicea, Superintendent of Schools

Transportation Department

Theresa Kuss, Director

Request for Transportation to/from Child Care 2018-2019 School Year *Request need to be RENEWED EACH SCHOOL YEAR*

Distance Criteria: Grades K-12 – more than 1.5 miles

To Be Completed By Parent/Guardian Only (PLEASE PRINT CLEARLY)

SCHOOL _____ DATE _____ Effective Date _____

Student _____ Grade: _____

Student _____ Grade: _____

Home Address: _____ Zip Code: _____

Home Number : _____ Work Number : _____

Name of Child Care Provider: _____ Phone Number: _____

Child Care Provider's Signature _____ Date _____

AM Pick-up **Please give a specific Address Only (NO CORNERS):** (Must be consistent 5 days a week)

PM Drop-off **Please give a specific Address Only (NO CORNERS):** (Must be consistent 5 days a week including early dismissals, and emergencies)

I understand this form needs to be renewed each school year. Yes _____ Initial _____

Signature of Parent/Guardian: (Must be signed by parent/guardian only) _____

**PLEASE RETURN COMPLETED FORM TO YOUR CHILDS SCHOOL
IT COULD TAKE UP TO A WEEK BEFORE BUSING IS SET UP FOR YOUR CHILD CARE**
(Please fill this form out completely or it could delay processing your request.)

Transportation Analyst Only
(To Be Completed By the Transportation Department Only)

Home address does not match school system Childcare address not eligible
 Specific child care address not a corner request Form incomplete (see above highlighted areas)