

Transportation Department

Jeremy C. Smith, Director

SUMMER SCHOOL 2024 Request for Transportation to/from Child Care

<u>PLEASE RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL OR THE TRANSPORTATION DEPARTMENT</u> IT COULD TAKE UP TO A WEEK BEFORE BUSING IS SET UP FOR YOUR CHILD CARE

Requests need to be RENEWED EACH SCHOOL YEAR

Distance Criteria: Grades K-8 – more than 1 mile

(Please fill this form out completely or it could delay processing your request)

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

School	Date	Effective Date	
Student		Grade:	
Student			
Home Address:		Zip Code:	
Home Number:	Work Number:		
Name of Child Care Provider	Phone Number:		
Child Care Provider's Signature		Date	
AM Pick-up Address Please give specific address only (NO PM Drop-off Address Please give specific address only (NO	<u>CORNERS):</u> (Must b		
I understand this form needs to be renewed each yea			
Signature of Parent/Guardian: (Must be signed by paren	nt/guardian only)		
Transno	ortation Analyst's Onl	v	

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(To Be Completed by	y the Transportation	Department Only)

Home address does not match school system
Childcare address not eligible or outside city limits
Childcare address ONLY not a corner request
Police matter

369 6th North Street, Syracuse, NY 13208 1T (315) 435-4260 1 F (315) 435-5854 1 syracusecityschools.com