SOUTHERN CAYUGA CENTRAL SCHOOL

Request for Transportation/Alternate Transportation – Daycare and/or Babysitter

CDADE

Complete and submit this form by July 18 to: Transportation Department

Southern Cayuga CSD 2384 State Route 34B Aurora, NY 13026 (315) 364-7863 fax

Please Note** this form is only valid for the current school year and must be undated yearly.

| Section I | (To be completed by Parent or Guardian) | | | |
|-----------------------|--|------------------------------------|------------------------|---------------------------------|
| Child's Name: | | | | |
| · | Last | First | | Date of Birth |
| Mailing Address | :: | - Cu | | 7: 0 1 |
| Guardian #1: | include Post Office Box & Apartment Number | City | | Zip Code |
| Guardian #1: | Last | First | | Cell Phone |
| C4: #2 | | | | |
| Guardian #2 | Last | First | | Cell Phone |
| Phone Numbers: | <u> </u> | | | |
| | Emergency Contact Phone | Guardian #1 Work Pho | one | Guardian #2 Work Phone |
| Section II | EOD DUG TO LOCATE VOUD HOUGE | | | |
| DIRECTIONS | FOR BUS TO LOCATE YOUR HOUSE: | | | |
| Exact location: | | | | |
| | Street (911 Address) | | C | City |
| Name of neighbo | ors, nearest intersection, road or other landmar | ·k: | | |
| 8 | , | | | |
| | | | | |
| a | | | | |
| Section III | BYSITTER INFORMATION: Complete this | a mantian anly if abild will be ni | dina a bua ta/fuam a 1 | -ahrvaittau'a haasaa maaalaulee |
| DA I CARE/DA | BISTIER INFORMATION: Complete this | s portion only if child will be ri | uing a bus to/from a t | babysilier's nouse regularly. |
| Name: | | Phone Number: | | |
| Exact location: City: | | | | |
| Exact location: | Street (911 Address) | | | |
| | | | | |
| Name of neighbo | ors, nearest intersection, road or other landmar | ·k: | | |
| | | | | |
| | | | | |
| Child will be stay | ying at daycare/babysitter's house: | Before School | After School | Both |
| Section IV O | nly two different locations are allowed thr | oughout the year — one fo | or home and one f | for habysitter/daycare loc |
| | year. Please indicate below: | oughout the year – one ic | n nome and one i | ioi babysittei/daycare iot |
| | , | AM | PM | |
| | Monday – Friday | | | |
| MADEOLIEGE | IC FOR THE FOLLOWING WEEKL WOOLI | PDIII E | | |
| MY REQUEST. | IS FOR THE FOLLOWING WEEKLY SCH | EDULE: | | |
| | Name(s) of Child(rea | n) | | Sept. Grade |
| | (-)(-) | <i>'</i> | + | I |
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