



Child Care/Alternate Site Bussing Request

In accordance with the laws of the state of New York, I hereby request transportation for daycare services for the following student:

Student Name _____ Grade: _____

School _____ Parent name: _____

Parent phone number: _____

Parent email: _____

MORNING Transportation: Place a check where applicable and circle the days needed

_____ ride bus from primary address	Mon	Tues	Wed	Thur	Fri
_____ walk to school	Mon	Tues	Wed	Thur	Fri
_____ Parent transport	Mon	Tues	Wed	Thur	Fri
_____ picked up by the bus at the alternate site below:	Mon	Tues	Wed	Thur	Fri

Alt Address: _____ Alt Phone# _____

(Add cont) _____ Effective date: _____

Afternoon Transportation: Place a check where applicable and circle the days needed

_____ ride bus to primary address	Mon	Tues	Wed	Thur	Fri
_____ walk home	Mon	Tues	Wed	Thur	Fri
_____ Parent pick up	Mon	Tues	Wed	Thur	Fri
_____ take bus to the alternate site below:	Mon	Tues	Wed	Thur	Fri

Alt Address: _____ Alt Phone# _____

(Add cont) _____ Effective date: _____

Parent signature: _____ Date: _____

After this bussing has been established, the transportation department will contact you with bus number and times. You are welcome to email transportation@fmschools.org for further assistance and information.

Office use only

Date received:

Date change made:

Date Parent Notified:



Dispatcher signature: