

KESHEQUA CENTRAL SCHOOL

Transportation Department, PO BOX 517, Nunda, NY 14517
Telephone: 585-468-2900 FAX: 585-476-2318

2018- 2019 School Year

Request for Transportation To/From a Day Care Provider or Alternate Site

Instructions:

Complete the sections of this form that apply to your child. **Please submit one form per child.**

Only two pick up and two drop off locations will be accepted.

This form may be returned to the Transportation Department in person during regular business hours, or by mail, or by fax.

Student Information:

Student Name: _____ Grade: _____ School: _____

Home Address: _____ Home Phone#: _____

In Case of Emergency, Contact _____ Phone #: _____

Parent/Guardian Signature: _____ **Date:** _____

Morning Pick Up Information:

Start Date: _____

Home check box _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

No AM Transportation Needed check box

AM Location #1: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Provider: _____ Telephone: _____

Address: _____

AM Location #2: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Provider: _____ Telephone: _____

Address: _____

Afternoon Drop Off Information:

Start Date: _____

Home check box _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

No PM Transportation Needed check box

PM Location #1: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Provider: _____ Telephone: _____

Address: _____

PM Location #2: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Provider: _____ Telephone: _____

Address: _____

Date received/ Bus Garage _____