

CHILD CARE & PARENT TRANSPORT Form

Please fill in completely if you are using this form.

School Year 2012-2013
GRADES K-8

X _____
Date filled out

The parent(s) /guardian(s) request permission for the student(s) listed to have ONE alternate (other than home) pick-up and/or drop-off location as listed below. This form is also to be filled out by parents who choose to pick up and/or drop off their child(ren) at school every day.

This form will only pertain to the 2011-12 school year. Any changes to this form from the start of the school year will be honored 3 days after such changes are received in the elementary school office. **Bus Slips WILL NOT be honored the first two weeks of school, 9/6/12-9/14/12.**

It is understood that the school district needs consistency in pick-up and drop-off points to ensure the safety and well being of your child(ren). If it is necessary to change this schedule on any given day, a BUS SLIP will need to be filled out.

***Changes to your child's destination can only be honored by preparing a bus slip, which must be received in the main office by 8:30 a.m. Phone calls to the office concerning a change to your child's destination will not be honored due to the potential for a possible breakdown in communication to all office staff, teacher (substitute), child(ren), transportation department, bus driver, or after-school activity personnel.**

*If you have a change in your child's AM pick-up location on a particular day, you need to call the bus garage at 895-2511, preferably the day prior to the change, or the morning of the change, if it is last minute.

X STUDENT'S NAME: _____ (leave blank) HOMEROOM: _____

X 911 Home Address: _____ Bus Route #: _____
(School use only)

X Home Phone: _____ X Mother's Work/Emergency Phone: _____, Cell _____
X Father's Work/Emergency Phone: _____, Cell _____

Parent Transport

PARENT DROP-OFF:

PARENT PICK-UP:

I will transport my child to school every day: I will be picking my child up from school every day:

Child Care Provider

CHILD CARE:

PickUp Every AM at Child Care Address:

DropOff Every PM at Child Care Address:

Provider's full name: _____ Child Care Phone #'s: _____

Provider's 911 Address (include house description if this is not a regular bus stop) _____ Bus Route #: _____
(School use only- DO NOT Fill In)

**DACC After-School Program,
221 Victoria Drive**

DACC PM Child Care Bus Route 15 or 13
After School PROGRAM every day after school at DACC.

When Duaneburg Central Schools close early the DACC does not operate. The emergency information below will be followed.

In An Emergency: A. I want my child to go home. B. I want my child to go to his/her Care Giver listed above.

C. I want my child to follow the alternate instructions I have specified below.

Send my child to the home of:
Name _____

Address (specify road and number location): _____

Phone #: _____ Bus Route _____

(call bus garage if unknown)

I WILL NOT NEED THIS FORM. My child will be transported to and from school by school transportation from our home address.

X Parent/Guardian Signature: _____ Date to BEGIN on – at least 3 days after received in office: _____

(office use only)