



## TRANSPORTATION FORM

### CHILDCARE/OPT OUT (PARENT TRANSPORT)

**DEADLINE TO SUBMIT FORM FOR GRADES 1-8 IS MAY 15**

**"K" DEADLINE IS JULY 15**

**Form is only required if transportation location is an alternative address other than home. Transportation will automatically be set up using home address unless alternative address is indicated below.**

Council Rock       French Road       Twelve Corners Middle School       Effective Date: \_\_\_\_\_

Student Name(Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**NO PICK UP NEEDED (PLEASE CHECK DAYS)**

M  Tu  W  Th  F

**NO DROP OFF NEEDED (PLEASE CHECK DAYS)**

M  Tu  W  Th  F

<b>MON AM</b>	Provider/Name:		<b>MON PM</b>	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	
<b>TUES AM</b>	Provider/Name:		<b>TUES PM</b>	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	
<b>WED AM</b>	Provider/Name:		<b>WED PM</b>	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	
<b>THURS AM</b>	Provider/Name:		<b>THURS PM</b>	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	
<b>FRI AM</b>	Provider/Name:		<b>FRI PM</b>	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	

Section 3635 NYSED law requires that parent or legal guardian submit a written request for transportation to a child care provider each year. Additional information can be found at <http://www.emsc.nysed.gov/schoolbus/>. My signature certifies that I am the parent/legal guardian of the above student and authorized to request transportation to/from the alternate location/child care provider listed above. The Brighton Central School District's deadline is May 15.

Parent/Guardian Signature (*handwritten*)

Date

**Mail or deliver to: Transportation at 2035 Monroe Ave, Rochester, NY 14618 or fax to 585-242-5098**

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