



TRANSPORTATION FORM FOR BCSD

The form is a computer fillable form.

Fill the form out at least 3 days before change is needed. Email or fax form to Transportation.

An email will be sent verifying the request.

Council Rock ☐ French Road ☐ TCMS BHS Effective Date: _____

Student Name(Print): _____ Grade: _____

Home Address: _____ Zip: _____

Parent/Guardian (Print): _____ Email: _____

Primary Phone: _____ Other Phone: _____ Other Phone: _____

DO NOT NEED A BUS? INDICATE HERE:

AM PARENT PICK UP - NO BUS NEEDED (CHECK DAYS)

PM PARENT PICK UP - NO BUS NEEDED (CHECK DAYS)

M ☐ Tu ☐ W ☐ Th ☐ F ☐

M ☐ Tu ☐ W ☐ Th ☐ F ☐

Indicate Home or Other Location (Daycare) for AM/PM in each box.

Using "IN-SCHOOL" PM daycare at CRPS/FRES indicate name

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

Email to: bcsd_transportation@bcsd.org or Fax to 585-242-5098