

GALWAY CENTRAL SCHOOL
TRANSPORTATION DEPARTMENT
5317 SACANDAGA ROAD
GALWAY, NEW YORK 12074
882-1077

2014-2015 School Year Babysitting Transportation Request Form

(A separate form must be filed for each child)

Student Name: _____
(Last Name) (First Name)

Grade: _____

Parent's Name: _____
(Last Name) (First Name)

Teacher: _____

Home Address: _____
(House Number) (Street Name)

(City) (State) (Zip Code)

Home Phone: _____

Babysitter's Name: _____

Babysitter's Address: _____
(House Number and Street Name)

Babysitter Phone #: _____

Please check the appropriate box below that indicates the transportation requirements for your child.

- ☐ To school each day from babysitter
- ☐ From school each day to babysitter
- ☐ To and from babysitter each day

- BOARD OF EDUCATION TRANSPORTATION POLICY 8414 (section I)

I. To ensure student safety and consistency of bus runs, **students are to be picked up five days per week at the same pick up point and dropped off five days per week at the same drop off point.** The pick up location may be different from the drop off location.

Please Start This Transportation On: _____

I have read the above guidelines and consent to have my child transported as I have indicated above for the 2012-2013 school year. I understand that this form expires at the end of the 2012-2013 school year and a new form must be filled out for the next school year.

(Parent's Signature)

(Date)

Note: In order for the transportation department to provide transportation in accordance with this form, the babysitter's address MUST reflect a street address with a house number. R.R., R.D., or P.O. Box numbers cannot be used.