



Arlington Central School District
Transportation Department
Phone 845-486-4955

Childcare Transportation Request Form

This form must be completed in full and returned to your child's school in order for your child to be transported to or from another location other than your home address. Please print.

See ACSD website for further details.

Deadlines for Childcare Transportation: **April 1** for *out of attendance zone* commercial daycare center
August 15 for all other childcare providers

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

Address: _____ City, State, & Zip: _____
(Street Address – No P.O. Boxes Please!)

Home Phone: _____ Contact/Emergency Phone: _____ Date of Birth: _____

School: _____ Grade: _____ School Year: _____

Parent(s)/Guardian Name(s): _____ Date: _____

If your child goes to and/or from a childcare provider at a different address than shown, please fill out the form below including the name, address and telephone number of the childcare provider. **Be sure to return the form to the school where your child attends.**

Pickup

Check One: _____ Home _____ Childcare Provider

Provider's Name: _____

Provider's Address: _____

Provider's Phone: _____

Check Days: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Dropoff

Check One: _____ Home _____ Childcare Provider

Provider's Name: _____

Provider's Address: _____

Provider's Phone: _____

Check Days: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Parent/Guardian Signature: _____ Date: _____

Note to school staff: Please email this form to the transportation office @ ACSDBUSROUTING@ACSDNY.ORG upon receipt.

SCHOOL NAME/DATE _____ **TRANSPORTATION NAME/DATE** _____ **01/2022**