

WEST GENESEE CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
5203 WEST GENESEE STREET
CAMILLUS, NEW YORK 13031
(315) 487-4576

James Dark
Transportation Supervisor

Brenda Bach
Head Dispatcher

To: Parents / Guardians of West Genesee Central School Students

From: Transportation Department

Date: May 31, 2016

RE: 2016-17 School Year

Request for Transportation To/From Child Care Locations

In an effort to provide you with accurate transportation information for your child before the beginning of the 2016-17 school year, please complete the bottom of this page and **RETURN IT TO YOUR CHILD'S SCHOOL OFFICE NO LATER THAN JUNE 17, 2016.** This form should only be filled out if you are requiring that your child(ren) be picked up or dropped off at a location other than your home. **THIS FORM MUST BE FILLED OUT COMPLETELY FOR EACH SCHOOL YEAR.**

Student's Name(s) _____

School & Grade(s) _____

Student's Address _____

Please indicate below your child's daily pick-up and drop-off schedule from home address

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
AM PM BOTH	AM PM BOTH	AM PM BOTH	AM PM BOTH	AM PM BOTH

Child Care Provider _____

Child Care Address _____

Child Care Phone Number _____

Please indicate below your child's daily pick-up and drop-off schedule from child care provider's address

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
AM PM BOTH	AM PM BOTH	AM PM BOTH	AM PM BOTH	AM PM BOTH

To avoid major changes in student Pick-up / Drop-off times and route assignments, all late transportation requests received after the deadline date 8/5/16 must go through your child's assigned building office. Implementation of all late changes will take place after the first day of school as soon as time allows. Parents may be required to transport their child to school until this task is completed.

By signing below, as the parent(s) or guardian(s) of the student(s) named above, I hereby request that the information provided above be used for establishing transportation services for the 2016-17 school year.

Parent's Name _____ Parent's Signature _____

Date _____