



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

Childcare Transportation Request Form

This form must be completed in full and returned to Traver Road School in order for your child to be transported from **SUMMER LEARNING ACADEMY 2017 at TRAVER ROAD SCHOOL to CAMP SUNNY DAYS at the JOSEPH D'AQUANNI WEST ROAD SCHOOL.
Please print.**

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.

<u>Pickup</u>	<u>Dropoff</u>
Check One: _____ Home _____ Childcare Provider	Check One: _____ Home _____ Childcare Provider
Provider's Name: _____	Provider's Name: _____
Provider's Address: _____	Provider's Address: _____
Provider's Phone: _____	Provider's Phone: _____
Check Days: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri	Check Days: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Parent/Guardian Signature: _____ **Date:** _____

Note to school staff: Please fax this form to the transportation office @ (845) 486-4978 upon receipt.