

TRANSPORTATION REQUEST FOR
CHILD CARE SERVICES FOR THE

SCHOOL YEAR

PHONE: (845)615-6700

FAX: (845)615-6707

EMAIL: transportation@gcsny.org

CHILD'S NAME: _____ DOB: _____

SCHOOL: _____ GRADE: _____

HOME ADDRESS: _____

****CHILD CARE PROVIDER MUST LIVE WITHIN THE GOSHEN SCHOOL DISTRICT****

EFFECTIVE DATE OF CHILD CARE SERVICES: _____

WHAT DAYS (PLEASE CIRCLE): M-TU-W-TH-F **AM - PM OR BOTH**

****** CHILD CARE WILL ONLY BE PERMITTED ON A CONSISTENT BASIS ******

****NO ONE DAY CHANGES ARE ALLOWED FOR THE SAFETY OF YOUR CHILD****

PICK UP ADDRESS: _____

DROP OFF ADDRESS: _____

PARENT NAME: _____

CHILD CARE PROVIDER NAME: _____

CONTACT NUMBERS: PARENT PHONE: _____

CHILD CARE PROVIDER PHONE: _____

EMERGENCY CONTACT: _____

PARENT SIGNATURE: _____ DATE: _____

PARENT EMAIL ADDRESS: _____

TRANSPORTATION OFFICE USE ONLY

TO SCHOOL ROUTE: _____ BUS STOP: _____ TIME: _____

FROM SCHOOL ROUTE: _____ BUS STOP: _____ TIME: _____