

**Watertown City School District  
Administrative Offices  
1351 Washington Street  
Watertown, NY 13601-4593  
(315) 785-3722**

**Babysitter/Custody Transportation Request**

**Rules for Babysitting/Custody Approval**

1. A child's home address must be transportable if alternate transportation is to be approved.
2. The babysitter's/custodial parent's address must be transportable and in the same school zone.
3. A request must be for a long-term babysitting/custodial arrangement.
4. Approval is dependent upon space available. Only established stops will be used.
5. Only students in Kindergarten through 6<sup>th</sup> grade are eligible to be transported to a babysitter.
6. A student's bus route will not be altered to transport to place of employment or other activities.
7. Requests to have a child attend a school other than that to which he/she is assigned must be made to the Superintendent of Schools. In such cases, parents are expected to assume the responsibility for transportation of the child.
8. This form **MUST BE FILLED OUT YEARLY** and submitted to the Transportation Department one week in advance of the requested start date. Please attach a schedule.

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Bus Route # \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Telephone (home) #: \_\_\_\_\_ Telephone (work) #: \_\_\_\_\_ Cell # \_\_\_\_\_

Babysitter's/joint custodial parent's Name: \_\_\_\_\_

Babysitter's/joint custodial parent's Telephone #: \_\_\_\_\_

Babysitter's/joint custodial parent's Address: \_\_\_\_\_

**Below, please give the morning and afternoon addresses of the child:**

Morning Pick-Up Address: \_\_\_\_\_

Afternoon Drop-Off Address: \_\_\_\_\_

If approved, what is the date you would like service to begin? \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**Transportation Department**

Approved  Disapproved  Comments (include effective date): \_\_\_\_\_

AM Route #: \_\_\_\_\_ AM Pick up: \_\_\_\_\_

PM Route #: \_\_\_\_\_ PM Drop off: \_\_\_\_\_

Arranged  Director of Transportation: \_\_\_\_\_

**Bussing Schedule for \_\_\_\_\_**  
 Student's Name And School Attending

If your child's babysitter request is not the same everyday this form must be filled out.  
**24 hour notice will be needed to change the bussing schedule.**

**Transportation needs your child's bussing schedule 1 wk in advance.**  
**Schedule should be returned to the main office of your child's school**

**School will send copy to Transportation Dept**

Date	Day	PICKUP AM ADDRESS LOCATION	DROP OFF PM ADDRESS LOCATION
	MONDAY		MONDAY
	TUESDAY		TUESDAY
	WEDNESDAY		WEDNESDAY
	THURSDAY		THURSDAY
	FRIDAY		FRIDAY
	MONDAY		MONDAY
	TUESDAY		TUESDAY
	WEDNESDAY		WEDNESDAY
	THURSDAY		THURSDAY
	FRIDAY		FRIDAY
	MONDAY		MONDAY
	TUESDAY		TUESDAY
	WEDNESDAY		WEDNESDAY
	THURSDAY		THURSDAY
	FRIDAY		FRIDAY

**If you need more copies of the bussing schedule, you may obtain them from your school office or the transportation office at the District Office**