

# HENDRICK HUDSON SCHOOL DISTRICT

61 Trolley Road, Montrose, New York 10548

Department of Transportation

Telephone: 914-257-5200 \* Fax: 914-257-5201

Email: [Transportation@henhudschools.org](mailto:Transportation@henhudschools.org)



## *2024 – 2025 Application for Transportation to/from Alternate Address or Day Care Location*

If your child(ren) require bus transportation to/from a babysitter or day care location next school year..... please read on.

Consistent with New York State Education Law 3635-1e, children in grades K-8 may be transported between the school the child legally attends and before and/or after school child care locations under the following conditions:

1. The parent or legal guardian for the child must submit their request for transportation in writing no later than **April 1, 2024. It is not the responsibility of the Day Care Provider to submit the form.** New residents must apply within 30 days of establishing residency in the Hendrick Hudson School District. If you are unsure, submit the paperwork by April 1, 2024, you can always withdraw it if your situation changes. Due to the changes in schools next year, we have extended the due date for this school year only until June 1, 2024.

Day care/babysitter transportation applications must be filed annually by April 1<sup>st</sup> of the preceding school year or transportation may not be available. Transportation applications are not carried over from year-to-year. Applications received after the April 1<sup>st</sup> deadline may result in delay of placement until October or transportation denied. Bus Notes will **NOT** be honored.

2. The child care provider from or to which transportation is requested must be located within the boundaries of the Hendrick Hudson School District and within your school's attendance zone. See below.

If the child care is outside the attendance zone of the school the child attends, it must be a licensed day care provider pursuant to Section 390 of the Social Services Law. Babysitter locations NOT licensed or registered under Section 390 are restricted to the attendance zone of the school attended.

We will **not** release **any** student(s) to an out of district daycare provider at a student's bus stop. **If you choose an out of district day care provider for your child, make arrangements for your child to be picked up at school.**

3. Requests for transportation must be from a consistent location in the morning and to a consistent location in the afternoon. **Transportation to and from different locations, depending on the day of the week, will not be permitted.**
4. We do not transport to day care providers outside of the Hendrick Hudson School district boundaries. Please see #2 above.
5. We do not transport elementary students to after-school activities (such as dance, tae kwon do, etc.) OR any type of religious instruction.

PLEASE PRINT ALL INFORMATION

School Year 2024 - 2025

Student Name: \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_ Work/Cell Telephone Number: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Bus Number & Stop (if known): \_\_\_\_\_

**MORNING PICK-UP LOCATION**

Alternate Address/Day Care/Babysitter Name: \_\_\_\_\_

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

Telephone Numbers: \_\_\_\_\_

SCHEDULE: Monday – Friday OR circle the days: M T W TH F

Child care provider must be operational within the Hedrick Hudson School District boundary. A registered child care provider, pursuant to Section 390 of the Social Services Law, must provide the License or Registration Number.

Program Contact Name: \_\_\_\_\_

License/Registration Number: \_\_\_\_\_  
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**FOR OFFICE USE ONLY:** Bus Number: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

**AFTERNOON DROP-OFF LOCATION**

Alternate Address/Day Care/Babysitter Name: \_\_\_\_\_

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

Telephone Numbers: \_\_\_\_\_

SCHEDULE: Monday – Friday OR circle the days: M T W TH F

Child care provider must be operational within the Hedrick Hudson School District boundary. A registered child care provider, pursuant to Section 390 of the Social Services Law, must provide the License or Registration Number.

Program Contact Name: \_\_\_\_\_

License/Registration Number: \_\_\_\_\_  
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**FOR OFFICE USE ONLY:** Bus Number: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be submitted to the Transportation Department by April 1<sup>st</sup> via mail, fax or in person.***

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***(please call to confirm receipt of form)***