

Somers Central School District

Transportation Department
 P.O. Box 620, Lincolndale, NY 10540
 Phone 914-277-3180 Fax 914-277-2429
gesposito@somersschools.org

APPLICATION FOR TRANSPORTATION TO/FROM ALTERNATE ADDRESS OR DAYCARE LOCATION

Consistent with N.Y.S. Education Law 3635(l)(e), children in grades K-8 may be transported between the school the child legally attends and the locations of before-and/or-after-school childcare under the following conditions:

1. The parent or legal guardian for the child must submit the request for transportation in writing no later than **April 1st preceding the beginning of the next school year**. New residents must apply within 30 days of becoming residents of the District.
2. The childcare facility from or to which transportation is requested must be within the school district.

PLEASE PRINT CLEARLY ALL INFORMATION

DATE: _____

STUDENTS FULL NAME: _____ DATE OF BIRTH: _____

SCHOOL ATTENDING: _____ GRADE: _____

HOME STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PARENT/GUARDIAN'S FULL NAME: _____

HOME PHONE (WITH AREA CODE): _____

OTHER PHONES (WITH AREA CODE): _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONES (WITH AREA CODES): _____

MORNING PICK-UP LOCATION – Please circle days: **MON TUE WED THU FRI**

ALTERNATE ADDRESS / DAYCARE/BABYSITTER NAME: _____

Street Address: _____

City, State, Zip: _____

Phone (with area code): _____

AFTERNOON DROP-OFF LOCATION – Please circle days: **MON TUE WED THU FRI**

ALTERNATE ADDRESS / DAYCARE/BABYSITTER NAME: _____

Street Address: _____

City, State, Zip: _____

Phone (with area code): _____

Parent / Guardian Signature: _____ Date: _____