

HYDE PARK CENTRAL SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT



Student ID # \_\_\_\_\_

**REQUEST FOR TRANSPORTATION TO DAYCARE / ALTERNATE STOP**

The Transportation Department **MUST** receive all requests no later than April 1 of the proceeding school year and must be in your child's school attendance zone. **Please allow three (3) days for processing.** Return completed form to your child's school or the Transportation Office, 30 Smith Ct. Hyde Park, NY 12538 or fax to: (845)229-4066. If you have any questions, please call (845)229-4070

Date: \_\_\_\_\_

Students Name: \_\_\_\_\_  
(Last) (First) (Middle)

City, State & Zip: \_\_\_\_\_  
(House # & Street – No P.O. Boxes)

Telephone Number: \_\_\_\_\_  
(Home) (Work)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Year: \_\_\_\_\_

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

Please fill out the information below. **Updated forms are needed if any changes are made.**

EFFECTIVE DATE: \_\_\_\_\_

PICK UP: (Check One)  
DAYCARE / \_\_\_\_\_  
HOME \_\_\_\_\_ ALTERNATE STOP \_\_\_\_\_

DROP OFF: (Check One)  
DAYCARE / \_\_\_\_\_  
HOME \_\_\_\_\_ ALTERNATE STOP \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

Please specify days:  
Mon. Tues. Wed. Thurs. Fri. (OR)

Please specify days:  
Mon. Tues. Wed. Thurs. Fri. (OR)

AS NEEDED

AS NEEDED

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**Assigned Route will be determined by Transportation Office**

**Pick Up Route** \_\_\_\_\_

**Drop Off Route** \_\_\_\_\_