

# Pittsford Schools

Transportation Department  
 100 Mendon Center Road  
 Pittsford, NY 14534  
 585.267.1480  
 Fax: 585.267.1481



## Child Care Transportation Request 2025/2026 School Year

Student's Name \_\_\_\_\_ Grade (K-8) \_\_\_\_\_ School \_\_\_\_\_

Primary address \_\_\_\_\_ Zip code \_\_\_\_\_  
House #, Street, Town

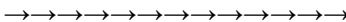
Parent/Guardian's name (1) \_\_\_\_\_ Cell phone # \_\_\_\_\_  
Please print

Alternate phone # \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian's name (2) \_\_\_\_\_ Cell phone # \_\_\_\_\_  
Please print

Alternate phone # \_\_\_\_\_ Email \_\_\_\_\_

**Parent/Guardian must read and sign the reverse side.**



**\* Revisions require the completion of a new application. \***

**Location 2 Information**

Parent/Guardian name \_\_\_\_\_

Street address \_\_\_\_\_

Cell phone # \_\_\_\_\_ Alt. phone # \_\_\_\_\_ Email \_\_\_\_\_

Place an "X" in the appropriate box(s) for which student will require transportation to/from location 2. For all other times, student will be transported to/from the primary address.

**CHILD CARE LOCATION ARRANGEMENTS ARE NOT EFFECTIVE UNTIL YOU HAVE BEEN CONTACTED BY THE TRANSPORTATION DEPARTMENT. (PLEASE ALLOW 5 FIVE WORKING DAYS)**

Mon    Tues.    Wed.    Thurs.    Fri.


From location 2 to school  
 From school to location 2

Requested Start Date: \_\_\_\_\_

**Office use only**

Date received: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Date processed: \_\_\_\_\_ School: \_\_\_\_\_

Effective date: \_\_\_\_\_

## Child Care Transportation Request Form Instructions

The district provides transportation to and from "child care centers" for **students in grades K-8**. In order to qualify, parents/guardians must complete a child care transportation request form. For safety reasons, only **one consistent weekly schedule** will be accepted to a child care address. Alternating weeks or other schedule variations are not possible based on safety concerns and will not be accepted. An application for child care transportation must be submitted annually by the parent or guardian (**one form per student**). These applications must be received by the Transportation Department **by April 1st, 2025**. These forms are available at the Transportation Department website: [www.pittsfordschools.org](http://www.pittsfordschools.org)

Child care transportation can be complex to arrange and requires that schedules be shared with drivers and teachers; notifying them of what days students will or will not be riding certain buses. Please note that it is your responsibility to inform your child and their school of the child care transportation arrangement.

### Child Care Service Criteria

- **Available for Grades K-8 only.**
- **Both locations must be located within the school district boundaries**
- **Child may have a maximum of 2 stop locations including primary address**
- **Schedules must be the same for each week. (Alternating weekly schedules will not be accepted.)**
- **A new child care transportation form must be submitted to the transportation department if there are any changes such as address or schedule change.**

Parent/Guardian's (1) signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's (2) signature \_\_\_\_\_ Date \_\_\_\_\_

**Child care transportation arrangements require both parents'/guardians' signatures.**

**PLEASE MAIL COMPLETED APPLICATION TO:**

**Pittsford Central School District**

**Transportation Department**

**100 Mendon Center Road**

**Pittsford, NY 14534**

**Or Email to: [Irene\\_Francione@Pittsford.Monroe.edu](mailto:Irene_Francione@Pittsford.Monroe.edu)**