

Wheatland Chili Central School District

Transportation Department

Childcare/Alternate Site Procedure & Guidelines

The Wheatland Chili Central School District recognizes the need to accommodate transportation requests for district students to and from an address other than their home. Childcare transportation requests will be approved if they meet the following guidelines.

1. Childcare/ Alternate site transportation will be available to all students PreK through grade 12.
2. The childcare / alternate site provider shall be located within the Wheatland Chili Central School District boundaries per State Education law.
3. Transportation can be different AM and PM. You shall not exceed two different daycares/alternate sites either AM or PM. (Example: You may have two different sites AM and two different sites PM.)
4. Children must be eligible for transportation according to the transportation eligibility policy in order to be transported to or from a daycare / alternate site.
5. Door to door bus service may not be provided. Bus routes may include a corner pick up and drop off.
6. All childcare/alternate site forms shall be completed and returned to the Transportation Office no later than August 1st.
7. Requests for changes that occur during the school year will be processed as soon as possible. We will notify you when the change is in place.

Please call the Wheatland Transportation Department at (585) 889-6243 if you have any questions. Office hours are from 6:00 AM until 5:00 PM Monday through Friday. The fax number is (585) 889-6283. You may scan to Email at Sheryl_Guidice@wheatlandchili.org

The Wheatland Chili Central School Community is committed to Academic excellence which empowers all individuals to become Motivated learners and challenges them to excel as citizens in a global society.

WHEATLAND-CHILI CENTRAL SCHOOL

Transportation Department, 940 North Road, Scottsville, NY 14546
Telephone: 585-889-6243 FAX: 585-889-6283

Request for Transportation To/From a Day Care Provider or Alternate Site 2025-2026 School Year

Instructions:

Complete the sections of this form that apply to your child. Please submit one form per child.

Only two pick up and two drop off locations will be accepted.

This request must be received at the transportation office no later August 1st of the current school year

This form may be returned to the Transportation Department in person during regular business hours, or by mail, or by fax.

Student Information:

Student Name: _____ Grade: _____ School: _____

Home Address: _____ Home Phone#: _____

In Case of Emergency, Contact _____ **Phone #:** _____

Parent/Guardian Signature: _____

Morning Pick Up Information:

Start Date: _____

Home ☐ check box _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

No AM Transportation Needed ☐ check box

AM Location #1: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Provider: _____ Telephone: _____

Address: _____

AM Location #2: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Provider: _____ Telephone: _____

Address: _____

Afternoon Drop Off Information:

Start Date: _____

Home ☐ check box _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

No PM Transportation Needed ☐ check box

PM Location #1: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Provider: _____ Telephone: _____

Address: _____

PM Location #2: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Provider: _____ Telephone: _____

Address: _____