



## Suffern Central School District

Transportation Office  
45 Mountain Avenue  
Hillburn, NY 10931

Phone: 845-357-7783 x11286  
Fax: 845-357-3073  
E-mail: [transportation@sufferncentral.org](mailto:transportation@sufferncentral.org)

### 2025-2026 REQUEST FOR TRANSPORTATION TO ALTERNATE SITE/ DAY CARE

Parents who desire alternate site or day care transportation for their child must submit this form by **June 1, 2025**.

Date \_\_\_\_\_

In accordance with the laws of the State of New York, I hereby request transportation for my child to an alternate site/ day care during the coming school year.

Child's Last Name \_\_\_\_\_ Child's First Name: \_\_\_\_\_ Home Phone# \_\_\_\_\_  
School \_\_\_\_\_ Grade (in Sept 2025) \_\_\_\_\_  
Child Attends \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Home Address \_\_\_\_\_  
(Number, Street and PO Box#, if applicable) (City) (Zip Code)

Parent's Name \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Child Care Provider's Name \_\_\_\_\_ Child Care Phone# \_\_\_\_\_

Child Care Address \_\_\_\_\_  
(Number and Street) (City) (Zip Code)

First Day at Child Care \_\_\_\_\_ Requested Days of Week at Child Care \_\_\_\_\_

Schedule: \_\_\_\_ Before School \_\_\_\_ After School \_\_\_\_ Both

*By electronically signing my name below, I acknowledge and agree that I am the legal parent/guardian of student identified above. I agree that I will be legally bound, obligated and responsible for this REQUEST FOR TRANSPORTATION TO ALTERNATE SITE / DAY CARE form, as if I had submitted it in hard copy form with my handwritten signature.*

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
(Parent/Guardian)

#### Please note:

1. An individual request must be submitted for **each** child. A **new request** must be submitted for **each year** transportation is desired.
2. This form must be received in the Transportation Office of the Suffern Central School District **by June 1**.
3. If the child is not currently a resident of Suffern Central School District, the form must be received within 30 days of establishing residency.
4. If a Request for Alternate Site/ Day Care Transportation is rejected before **June 1**, any second request must be submitted by **June 1**.
5. Day care transportation can only be provided to licensed day cares within the district or to unlicensed day cares (e.g. neighbors, relatives) within the student's school attendance zone.
6. Families are responsible for transportation whenever their day care is closed and Suffern Central Schools are open.

**THIS FORM MUST BE RECEIVED AT THE DISTRICT OFFICE IN HILLBURN BY JUNE 1, 2025**