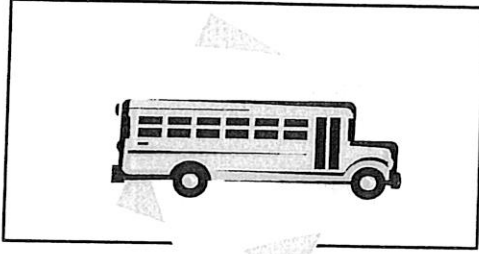


**DANVILLE CENTRAL SCHOOL DISTRICT**  
 Transportation Department  
 9350 Main Street Dansville, NY 14437  
 585-335-4070 • FAX 585-335-9632

**2019-20 ~ Annual Transportation Request**

**DIRECTIONS (Please print)**

1. Complete a request form for **each** child (Pre-K-6).
2. Childcare sites must be located within Dansville School District boundaries.
3. Transportation will be provided to **ONLY one** location, other than the home address.
4. Once a weekly transportation schedule is established, it must remain consistent.
5. If arrangements change, please complete a new form.
6. Return to the Transportation Office at the above address by **Aug. 5<sup>th</sup>**



7. **NOTE: Processing transportation requests may take up to 10 business days to arrange.**

Student's School (2019) \_\_\_\_\_ Grade in September (2019) \_\_\_\_\_

Student's Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Home Address \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Employer \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**Please check the appropriate days for childcare transportation.**  
**All other times the student will be transported to/from the home address.**

**Childcare AM/Pick Up**

**Childcare PM/Drop Off**

Caregiver \_\_\_\_\_ M  
 \_\_\_\_\_ T  
 Address \_\_\_\_\_ W  
 \_\_\_\_\_ Th  
 Phone \_\_\_\_\_ F

Caregiver \_\_\_\_\_ M  
 \_\_\_\_\_ T  
 Address \_\_\_\_\_ W  
 \_\_\_\_\_ Th  
 Phone \_\_\_\_\_ F

Effective Date \_\_\_\_\_

Effective Date \_\_\_\_\_

**No Transportation is needed for pick up:** \_\_\_\_\_

**No Transportation is needed for drop off:** \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Distribution:** Transportation      School      Driver      Parent

**For Office Use Only**

AM BUS \_\_\_\_\_

PM BUS \_\_\_\_\_

DATE PROCESSED \_\_\_\_\_

PROCESSED BY \_\_\_\_\_