



Transportation Department
2810 W. Entry Road
Baldwinsville, NY 13027
315.638.6097 Office 315.635.4562 Fax
Transportation-Office@Bville.org email

DAYCARE/SITTER TRANSPORTATION FORM

Student _____ Gender: M F X Date of Birth _____

Home Address _____

Parent/Guardian Name _____

Primary Phone # _____ Secondary Phone # _____

Email Address: _____

Parent/Guardian Name _____

Primary Phone # _____ Secondary Phone # _____

Email Address _____

CHECK LOCATION FOR PICK UP AND DROP OFF:

Pickup: Home Sitter No Transportation Required

Drop Off: Home Sitter No Transportation Required

Transportation will notify you by email the details for your child's route. PLEASE NOTE: Transportation will be set up for one pick up location and one drop off location.

Parent Signature: _____ Date: _____ EFFECTIVE DATE: _____

DAY CARE /SITTER REQUEST SECTION:

Please check this box if you are planning to utilize a before or after school Daycare/Sitter. Fill in all the information requested below. (LOCATION MUST BE MONDAY THROUGH FRIDAY)

My child will attend _____ School. Grade _____
(Name of School)

I hereby formally request transportation for _____ for the School Year _____
(Name of Student)

Name of Licensed Day Care or Attendance Zone Sitter: _____

Address: _____ Contact Phone: _____

Daycare/Sitter Transportation Request Forms must be submitted annually to the Transportation Department. All Day Care Providers outside your child's elementary school attendance zone are required to be a state licensed day care provider. Please call the transportation department with any questions.

Please have the Daycare/Sitter Transportation Form submitted to the transportation office by Wednesday, August 21, 2024 to ensure requested busing is in place by the first day of school.