

**HYDE PARK CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**



Student ID # _____

REQUEST FOR TRANSPORTATION TO DAYCARE / ALTERNATE STOP

The Transportation Department **MUST** receive all requests no later than April 1 of the proceeding school year and must be in your child's school attendance zone. **Please allow three (3) days for processing.** Return completed form to your child's school or the Transportation Office, 30 Smith Ct. Hyde Park, NY 12538 or fax to: (845)229-4066. If you have any questions, please call (845)229-4070

Date: _____

Students Name: _____
(Last) (First) (Middle)

City, State & Zip: _____
(House # & Street – No P.O. Boxes)

Telephone Number: _____
(Home) (Work)

School: _____ Grade: _____

School Year: _____

Parent/Guardian Signature: _____

Please fill out the information below. **Updated forms are needed if any changes are made.**

EFFECTIVE DATE: _____

PICK UP: (Check One)
DAYCARE / _____
HOME _____ ALTERNATE STOP _____

DROP OFF: (Check One)
DAYCARE / _____
HOME _____ ALTERNATE STOP _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

TELEPHONE # _____

TELEPHONE # _____

Please specify days:
Mon. Tues. Wed. Thurs. Fri. (OR)

Please specify days:
Mon. Tues. Wed. Thurs. Fri. (OR)

AS NEEDED

AS NEEDED

Assigned Route will be determined by Transportation Office

Pick Up Route _____

Drop Off Route _____