



**TRANSPORTATION DEPARTMENT
CHILDCARE/SPECIAL TRANSPORTATION REQUEST FORM**

*****Read this section before completing the form*****

This form is **due by July 15** and must be submitted annually.

Any request **received after August 15 will not become effective until the third Monday in September.**

Requests submitted at any other time **may take up to two weeks to become effective.**

Transportation to Childcare Locations

Transportation will be provided to childcare locations defined as "Licensed Daycare Centers" within school district boundaries and to non-licensed daycare centers/babysitters within the attendance zone of the student's school.

Licensed Daycare Centers within the District are: Capital Church, Capital Kids Care, St. Kateri's, Villa Fusco Day Care, Wiggles and Giggles Child Care, Schenectady Jewish Community Center

Transportation in Joint Custody Agreements - Within Same School Zone

In the case of joint parental custody, where both parents live within the same school zone of attendance, transportation may be provided to/from either home; however the schedule for each day of the week must be the same throughout the school year and will not alternate between weeks or months (etc.).

Return Form to:

Niskayuna Transportation Department, 1301 Hillside Avenue, Niskayuna, NY 12309 OR transportation@niskayschools.org

STUDENT NAME _____ School _____ Grade _____

STUDENT ADDRESS _____

A.M. PICKUP

☐ Student's Home Address (Above) Days of Week (Circle): M Tu W Th F

☐ Alternate Location (Provide Below) Days of Week (Circle): M Tu W Th F

Alternate A.M. Location Name/Address/Phone _____

P.M. DROPOFF

☐ Student's Home Address (Above) Days of Week (Circle): M Tu W Th F

☐ Alternate Location (Provide Below) Days of Week (Circle): M Tu W Th F

Alternate P.M. Location Name/Address/Phone: _____

PARENT/GUARDIAN SIGNATURE

I request transportation to/from the alternate location(s) listed above and have read all of the information on this form.

Printed Name _____ Signature: _____ Date: _____

OFFICE USE Date Received _____ Approved: Y N Effective Date _____ TF/PS _____ Initials _____