



**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](mailto: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: \_\_\_\_\_

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