

GATES CHILI CENTRAL SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT – 4 SPARTAN WAY, ROCHESTER, NY 14624  
247-4774 FAX 340-5596

**ANNUAL TRANSPORTATION REQUEST**

Before and/or After School Childcare

CIRCLE ONE:      2015-2016              2016-2017              2017-2018

DIRECTIONS: PLEASE PRINT

1. Complete a request form for each child (K-8).
2. Non-registered childcare sites must be located within your individual school boundaries.
3. Transportation will be provided to any registered daycare within the Gates Chili Central School District boundaries.
4. Consistent **FIVE DAYS A WEEK** childcare arrangements are required.
5. If arrangements change, please complete a new form. Form must be completed each year and/or with each change.
6. Return to the Transportation office (at the above address) **by July 1.**
7. Processing of Transportation Request **could take up to 5 days to arrange.**

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

Child's School: \_\_\_\_\_ Grade \_\_\_\_\_

Child's First & Last Name \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

AM Location - Pick up from:

PM Location- Drop off at:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date