



**Transportation Department**  
**4 Spartan Way | Rochester, New York 14624**  
**Phone: (585) 247-4774 | Fax: (585) 340-5596 | Email: [BusInformation@gateschili.org](mailto:BusInformation@gateschili.org)**  
**ANNUAL TRANSPORTATION REQUEST FORM**  
**Before and/or After School Childcare**

2019-2020

DIRECTIONS: PLEASE PRINT

1. Complete a request form for each child (K-7).
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. Childcare arrangements are required to be the same all **FIVE DAYS of the WEEK**
5. If arrangements change, please complete a new form.
6. Return to the Transportation office (at the above address) **by July 1.**
7. Processing of Transportation Request **could take up to 3 days.**

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

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

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

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

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

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

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

AM Location - Pick up from:

PM Location- Drop off at:

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

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

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

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

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

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

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

\_\_\_\_\_  
Date