

# PALMYRA-MACEDON CSD CHILD CARE TRANSPORTATION FORM

Any change in transportation that occurs after registration must be made through the transportation department at 315-597-3400 option 1.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_

Grade \_\_\_\_\_ School Attending: \_\_\_\_\_ Today's Date \_\_\_\_\_

*Instructions: Use one (1) form for each student, provide one (1) child care location, allow three (3) business days for processing your request.*

**Student's Information:**

**Child Care Provider's Information:**

Guardian's Name \_\_\_\_\_

Provider's Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City/Zip \_\_\_\_\_

City/Zip \_\_\_\_\_

Guardian's Phone # \_\_\_\_\_

Provider's Phone # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

*Please check the appropriate choice below:*

A.M. Pick-Up		
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Child Care Provider	<input type="checkbox"/> No Transportation Needed

P.M. Drop-Off		
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Child Care Provider	<input type="checkbox"/> No Transportation Needed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Requested Start Date

*Please return form to **one** of the following: The Main Office of Child's School; or by mail: Attn-Transportation Dept., 151 Hyde Parkway, Palmyra, NY 14522; or by email: [transportation@palmaccd.org](mailto:transportation@palmaccd.org).*

<b>For Office Use Only</b>	Received by Transportation Office: _____
SchoolTool _____ Routed _____ AM Bus # _____ PM Bus # _____ Driver _____ School _____ Parent _____	