

Thomas O'Donnell
Supervisor of Transportation

**TRANSPORTATION DEPARTMENT
MINISINK VALLEY CENTRAL
SCHOOL DISTRICT**

Carol LaManna
Dispatcher

PO BOX 217, SLATE HILL, NY 10973
(845) 355-5140 FAX (845) 355-2813

**TRANSPORTATION REQUEST TO AND/OR FROM CHILDCARE LOCATIONS
ADMINISTRATIVE GUIDELINES**

Transportation will be provided to and/or from childcare locations for students in Grades K – 5 subject to these guidelines:

1. Requests for transportation for childcare purposes **must** be within the child's school attendance zone.
2. Requests for transportation services **must** be in writing and submitted on the **Transportation Request to and/or from Childcare Location** form by April 1, prior to the school year in which the service is needed.
3. Requests made after the April 1 deadline may be honored only if it can be added on an established route for that school at no additional cost to the district.
4. Any permanent change should be submitted at least five days in advance.

For more information, please call the transportation office at 355-5140.

Thomas O'Donnell
Supervisor of Transportation

**TRANSPORTATION DEPARTMENT
MINISINK VALLEY CENTRAL
SCHOOL DISTRICT**

Carol LaManna
Dispatcher

PO BOX 217, SLATE HILL, NY 10973
(845) 355-5140 FAX (845) 355-2813

TRANSPORTATION REQUEST TO AND/OR FROM CHILDCARE LOCATIONS

PLEASE PRINT CLEARLY

I, _____, the parent/legal guardian of the child named below, request transportation for said child to and/or from a child care location which is different from the child's home address.

STUDENT'S FULL NAME: _____

ADDRESS: _____

SCHOOL: _____ GRADE: _____

CHILDCARE LOCATION: _____

NEAREST CROSS STREET: _____

Time of Day Needed: (PLEASE CHECK APPROPRIATE TIME)

_____ A.M. Day Care/Child Care Provider

Circle Days: M T W TH F; All

_____ P.M. Day Care/Child Care Provider

Circle Days: M T W TH F; All

Home Phone: _____ Work Phone: _____

Childcare Phone: _____

Effective date for transportation to begin: _____

**I HAVE READ THE ADMINISTRATIVE GUIDELINES FOR REQUESTING ALTERNATE
TRANSPORTATION SERVICES FOR CHILDCARE PURPOSES.**

Today's Date

Signature Parent / Guardian

Please return this form to **Minisink Valley Transportation Office, PO Box 217, Slate Hill, NY, 10973**, by April 1, prior to the school year in which the service is needed for your request to be considered.