Brockport Central School District 58 Owens Rd. Brockport, NY 14420

Friday

Friday

Childcare Transportation Request Form

Transportation Department
Office 585-637-1880
Email BusRouting@bcs1.org

Directions: (Please print)

- All requests for route changes require a minimum of FIVE (5) school days lead time for the change to take effect.
 Phone requests and same day route changes will not be accommodated.
- 2. You may complete one request form for multiple children (K-8) unless they are going to different childcare locations.
- 3. The childcare site must be located within Brockport Central School District boundaries.
- 4. Transportation will be provided to or from one location other than the primary address.
- 5. Once a weekly transportation schedule is established, it must remain constant.
- For any changes, a new form must be completed. Single day change requests will not be accommodated.
- 7. This form must be returned to the Transportation office at the above address or emailed to BusRouting@bcs1.org

School Year:	Requested Start Dat	e: End Date	
Student Full Na	ime	School Name	Grade in September
Primary Address:			BUS: Internal Use Onli
Parent/Guardian			
Name: Home	Work	Relation:	
Phone:	Phone:	Cell Phone:	
Secondary/Sitter Address:			BUS: Internal Use Only
Secondary/Sitter			
Name:		Relation:	
Home Phone:	Work Phone:	Cell Phone:	
Emergency Contact Name:		Relation:	
Home	Work	Neiduon.	
Phone:	Phone:	Cell Phone:	
Check the day(s) of the wee	k vour child will be at the	e secondary/sitter address:	
AM	PM]	
☐ Monday	☐ Monday	Note: Processing the transportation request	
☐ Tuesday	☐ Tuesday	could take up to five (5) school days. Do not	
☐ Wednesday	☐ Wednesday	assume that changes will take place immediately. You will be contacted with	
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