

Webutuck Central School District
Transportation Department
158 Haight Road
PO Box 405
Amenia, NY 12501

Phone: (845)373-4105

Fax: (845)373-7077

Childcare Transportation Request Form

This form must be completed in full and mailed or faxed to Webutuck Transportation for your child to be transported to or from another location other than your home address.

Please Print

Date: _____

Student's Name: _____
(Last Name) (First Name)

Home Address: _____
(Street Address – No P.O. Boxes Please)

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Emergency Contact: _____
(Full Name) (Phone #) (Relationship)

School Year: _____ Date of Birth: _____

Parent(s)/Guardian(s) Name(s): _____

If your child goes to/or from a childcare provider at a different address than shown above, please complete the form below including the name, address, and telephone number of the childcare provider. Be sure to return this form to Webutuck Transportation Department.

Pick-up

Drop-off

Check One: <input type="checkbox"/> Home <input type="checkbox"/> Childcare Provider	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Childcare Provider
Provider's Name: _____	Provider's Name: _____
Provider's Address: _____ _____	Provider's Address: _____ _____
Provider's Phone: _____	Provider's Phone: _____
Check Days: __ Mon __ Tues __ Wed __ Thurs __ Fri	Check Days: __ Mon __ Tues __ Wed __ Thurs __ Fri

Parent/Guardian Signature: _____ Date: _____