

# Carmel Central School District

Transportation Department  
Office of the Supervisor  
1099 Route 52 · Carmel, NY 10512  
Tel: (845) 225-3200 · Fax: (845) 225-5585

## APPLICATION FOR TRANSPORTATION TO / FROM DAYCARE LOCATIONS

**NOTE: Completed forms must be submitted to the Transportation Department at the address above on or before April 1 preceding the next school year.**

**---PLEASE PRINT---**

SCHOOL YEAR: \_\_\_\_\_

DATE: \_\_\_\_\_

Consistent with N.Y.S. Education Law 3635.1.e, children in grades K-8 may be transported between the school the child legally attends and before-and / or-after school child care locations under the following conditions:

1. The parent or legal guardian for the child must submit the request for transportation in writing no later than **April 1st** preceding the next school year. New residents must apply within 30 days.
2. The child care facility from or to which transportation is requested must be within the school district, and within the attendance area of the school the child will attend.
3. The request for transportation must be from the same location each day in the morning, and to the same location each day in the afternoon. **Transportation to and from different locations, depending on the day of the week cannot be permitted.**

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
HOUSE / BOX NO. STREET TOWN / CITY STATE ZIP

PARENT / GUARDIAN'S NAME: \_\_\_\_\_

HOME PHONE NO.: ( ) \_\_\_\_\_ WORK PHONE NO.: ( ) \_\_\_\_\_

CONTACT PERSON IN EMERGENCY: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

### A.M. TRANSPORTATION LOCATION

BABY-SITTER / DAYCARE **PICKUP** LOCATION: \_\_\_\_\_

NAME OF PROVIDER: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

NEAREST INTERSECTING ROADS: \_\_\_\_\_

SCHOOL OF ATTENDANCE: \_\_\_\_\_

### P.M. TRANSPORTATION LOCATION

SCHOOL OF ATTENDANCE: \_\_\_\_\_

BABY-SITTER / DAYCARE **DROP-OFF** LOCATION: \_\_\_\_\_

NAME OF PROVIDER: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

NEAREST INTERSECTING ROADS: \_\_\_\_\_

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE