

REQUEST FOR CHANGE IN TRANSPORTATION

North Syracuse Central School District

Phone: 218-2107 Fax: 218-2184

Email: Transportation@nscsd.org

STUDENT LAST NAME _____ FIRST NAME _____

HOME SCHOOL _____ GRADE ATTENDING IN THE FALL _____

HOME ADDRESS _____ CITY _____ ZIP _____ PARENT _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

- Licensed daycare center /Babysitter within homeschool area** (allow 3 business days for changes to take effect)
- Residential daycare/babysitter outside of homeschool area – MUST COMPLETE REVERSE SIDE (TRANS C-1) DUE DATE JUNE 1ST.**

****Home address changes must go through Central Registration at the district office****

To update your address, contact the registrar by email (registrar@nscsd.org), phone (315-218-2145), or visit the district office. HOME ADDRESS CHANGES SUBMITTED TO THE TRANSPORTATION DEPARTMENT WILL NOT BE PROCESSED

NOTE: North Syracuse Central School District Transportation Policy 8411 provides that no more than two locations may be used for transportation of students.

Address #1

House No. _____ Street _____ City _____ Zip _____

Contact Name _____ Phone _____

Address #2

House No. _____ Street _____ City _____ Zip _____

Contact Name _____ Phone _____

SCHEDULE OF PICK UP OR DROP OFF

Please indicate address # from above into appropriate box for the day of the week where the student is to be picked up/dropped off.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>PICK UP</u>					
<u>DROP OFF</u>					

Remarks _____

Effective Date _____ **Parent/Guardian Signature** _____ **Date** _____

FOR OFFICE USE ONLY

Date Received _____ Date Faxed _____ Date Completed _____ Initials _____

Bus Numbers

Assigned Bus Stop Location

1. _____

1. _____

2. _____

2. _____

PARENT FORM - IMPORTANT INFORMATION:

In order to use or to have residential daycare/babysitter **outside** of your homeschool area, you must receive written approval from the Superintendent of Schools **prior** to making a commitment with your daycare/babysitter provider. If you made a commitment with your daycare provider, **there is no guarantee your request will be approved**, per Board of Education Policy 5140.

NAME OF PARENT/GUARDIAN _____

PARENT/GUARDIAN ADDRESS _____ City _____ Zip _____

REQUESTED SCHOOL _____

I, being duly sworn, depose and say:

I am the parent of _____ from _____ to _____ my child will be in the
(Student's Name) (Date) (Date)

custody and care of the following childcare provider:

PROVIDER'S NAME _____

PROVIDER'S ADDRESS _____ City _____ Zip _____

PROVIDER'S PHONE NUMBER(S) _____

I hereby represent and warrant that I will immediately notify the North Syracuse Central School District registrar if the terms and conditions of child care services as detailed in this affidavit should change.

Parent/Guardian Signature

Sworn to before me this _____ day of _____, _____

(Notary Public)

PROVIDER (DAYCARE) FORM

I, being duly sworn, depose and say:

I am or will be the childcare provider for _____
(Student's Name)

I expect to provide childcare during the following calendar months: _____ to _____
(Date) (Date)

(Provider/Babysitter Signature)

Sworn to me this _____ day of _____, _____

(Notary Public)