



**Cobleskill-Richmondville School
Transportation Department
Request for Child Care/Alternate Transportation**

School Year: _____

Effective Date: _____

I am requesting transportation for my child / children to the child care location described below:

Child's Name School Building Grade / Teacher

Please transport my child/children to:

Child Care Provider's Name _____

Telephone # at Child Care _____

Location of Child Care [include street/road, town, and describe location]:

Home Route # _____

Day Care Route # _____ AM only _____ PM only _____ both AM & PM

Parent Transport _____ AM only _____ PM only _____ both AM & PM

I have contacted the C-RCS Bus Garage (234-7491) to confirm the proper route number.

(Parent / Guardian Name)

(Home Phone)

(Residence Address)

(Emergency Phone)

(Parent / Guardian Signature)

(Date)

Approved by Transportation Supervisor _____

(Supervisor's Signature/Date)

To assist with your child's safe delivery to and from child care destinations, please be sure to carefully complete all sections of this form.

**Return This Form to
Cobleskill-Richmondville Transportation Department
284 Elm Street
Cobleskill, NY 12043
Fax: 234-3734**