

**HYDE PARK CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

Phone #229-4070 Fax #229-4066



REQUEST FOR TRANSPORTATION TO DAYCARE / ALTERNATE STOP

This form must be completed in full and returned to your child's school in order for the child to be transported to and from a different location other than the child's home address. Please be advised that daycare or alternate stops **must** be within the attendance zone of your child's school. All requests must be in the Transportation Office **by April 1st of the previous year.**

Date _____

Students Name: _____
(Last) (First) (Middle)

City, State & Zip: _____
(House # & Street – No P.O. Boxes)

Telephone Number: _____
(Home) (Work)

School: _____ Grade: _____

School Year: _____

Parent/Guardian Signature: _____

Please fill out the information below. **Updated forms are needed if any changes are made.**

START DATE _____

PICK UP: (Check One)
DAYCARE / _____
HOME _____ ALTERNATE STOP _____

DROP OFF: (Check One)
DAYCARE / _____
HOME _____ ALTERNATE STOP _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

TELEPHONE # _____

TELEPHONE # _____

Please specify days:
Mon. Tues. Wed. Thurs. Fri. (OR)

Please specify days:
Mon. Tues. Wed. Thurs. Fri. (OR)

AS NEEDED

AS NEEDED

Assigned Route will be determined by Transportation Office

Pick Up Route _____

Drop Off Route _____