

Thomas O'Donnell  
Supervisor of Transportation

**TRANSPORTATION DEPARTMENT  
MINISINK VALLEY CENTRAL  
SCHOOL DISTRICT**

Carol LaManna  
Dispatcher

PO BOX 217, SLATE HILL, NY 10973  
(845) 355-5140 FAX (845) 355-2813

**TRANSPORTATION REQUEST TO AND/OR FROM CHILDCARE LOCATIONS**

*PLEASE PRINT CLEARLY*

I, \_\_\_\_\_, the parent/legal guardian of the child named below, request transportation for said child to and/or from a child care location which is different from the child's home address.

STUDENT'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHILDCARE LOCATION: \_\_\_\_\_

NEAREST CROSS STREET: \_\_\_\_\_

**Time of Day Needed: (PLEASE CHECK APPROPRIATE TIME)**

\_\_\_\_\_ A.M. Day Care/Child Care Provider

Circle Days: M T W TH F; All

\_\_\_\_\_ P.M. Day Care/Child Care Provider

Circle Days: M T W TH F; All

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Childcare Phone: \_\_\_\_\_

Effective date for transportation to begin: \_\_\_\_\_

**I HAVE READ THE ADMINISTRATIVE GUIDELINES FOR REQUESTING ALTERNATE  
TRANSPORTATION SERVICES FOR CHILDCARE PURPOSES.**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Signature Parent / Guardian**

*Please return this form to **Minisink Valley Transportation Office, PO Box 217, Slate Hill, NY, 10973**, by April 1, prior to the school year in which the service is needed for your request to be considered.*