## **Averill Park Central School District**

146 Gettle Road, ST1 Averill Park, NY 12018 Tele: (518) 674-7050



## **Matthew Hladun**

Assistant Superintendent for Teaching and Learning

Parent/Guardian (signature)

## **Dr. James Franchini**Superintendent of Schools

Carrie Nyc-Chevrier
Assistant Superintendent
for Business

## TRANSPORTATION INFORMATION

|  | IK              | ANSPURTATION                         | INFORIVIATION                    |                                    |                                       |           |
|--|-----------------|--------------------------------------|----------------------------------|------------------------------------|---------------------------------------|-----------|
|  |                 | Date:                                |                                  |                                    |                                       |           |
| Please fill out this form to req<br>file. Requests for transportat<br>area should be submitted in w<br>will take a minimum of two we | on to childcar  | e that is not to<br>insportation Dep | your home but<br>artment by Augi | is in your eler<br>ust 15. Any rec | mentary school a<br>quests made after | ttendance |
| Due to a number of factors, the elementary school attendance elementary school attendance  | area. It is the | responsibility of                    | •                                |                                    | •                                     | <b>3</b>  |
| Greenbush Child Caring offers you plan to use their childcare  | •               |                                      |                                  |                                    | •                                     |           |
| Child's name / home address:   |                 |                                      |                                  |                                    |                                       |           |
| School attending (circle one):   | MHSL WSL        | PES ALG                              | HS                               |                                    |                                       |           |
| Name of childcare provider:  |                 |                                      |                                  |                                    |                                       |           |
| Phone number:  |                 | <u> </u>                             | Bus Number                       | :                                  |                                       |           |
| Address of childcare provider:   |                 |                                      |                                  |                                    |                                       |           |
| Days of the week (circle):   | Monday          | Tuesday                              | Wednesday                        | Thursday                           | Friday                                |           |
| Arrangement for (circle one):  | Mornings        | Afternoons                           | Both                             |                                    |                                       |           |
| Please send a note to your chil<br>safety and welfare, any change<br>Transportation at 518-674-707                                   | es made to the  | above information                    |                                  | -                                  |                                       |           |
| Parent/Guardian (print name)   |                 | Phone                                | Phone Number                     |                                    |                                       |           |
|  |                 |                                      |                                  |                                    |                                       |           |