



# WAPPINGERS

Empower  
Challenge  
Grow

CENTRAL SCHOOL DISTRICT  
Transportation Department • (845) 298-5225 x44104

**CHILDCARE TRANSPORTATION DEADLINES: APRIL 1<sup>ST</sup> FOR OUT OF ATTENDANCE ZONE (NYS LICENSED AND REGISTERED DAYCARES)**

**AUGUST 15<sup>TH</sup> FOR ALL OTHER CHILDCARE PROVIDERS**

Students in Grades K-8 are eligible for childcare transportation. A new childcare form must be submitted every year preceding the next school year, even if there is no change, and must be received by the April 1<sup>st</sup> deadline. An existing stop on an existing bus route within the child's individual school attendance zone will be offered for requests received after April 1<sup>st</sup>, and only if there is space available on the bus. If you haven't turned your request in by August 15<sup>th</sup>, your child will be transported to and from school on their assigned neighborhood bus. Parents/guardians are advised to make alternate arrangements and clearly communicate those arrangements to their child's school via a written and signed note each day. (See our transportation page on the district website for more information [www.wappingersschools.org](http://www.wappingersschools.org))

CURRENT SCHOOL YEAR

## CHILDCARE TRANSPORTATION REQUEST

NEXT SCHOOL YEAR

Student

Date \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F

Child's First Name (print): \_\_\_\_\_ Child's Last Name (print): \_\_\_\_\_

Home Address (Number, Street, Town): \_\_\_\_\_  
(Not PO Boxes)

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

Childcare

Childcare Provider's Name: \_\_\_\_\_

Childcare Provider's Address: \_\_\_\_\_

Childcare Provider's Phone #: \_\_\_\_\_

AM Pick-up (Same location five (5) days a week)  Home  Childcare Provider

PM Drop-off (Same location five (5) days a week)  Home  Childcare Provider

I certify that all the information contained on this form is accurate and that the above-named student is under the care of the specified childcare provider.

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address of Parent/Legal Guardian: \_\_\_\_\_

Verification – School Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents/Guardians: Only one (1) Student per Form Please -- Return to the Main Office of your child's School  
A new Childcare form must be submitted each time changes are made or to cancel Childcare.**

**SCHOOL OFFICE STAFF: PLEASE SCAN THIS FORM TO TRANSPORTATION UPON COMPLETION.**

*Childcare transportation requests for families who become district residents after the deadline must be submitted within thirty (30) days of establishing district residency or transportation may not be available.*

**PLEASE ALLOW FIVE (5) DAYS FOR PROCESSING**