

TRANSPORTATION DEPARTMENT 1738 Helderberg Trail, Berne, NY 12023 Phone (518)872-1126, Fax (518)872-5167 Email: <u>shaun.sisson@bkwschools.org</u>	2024-2025 Transportation Childcare Form
Student Name:	
(First)	(Last)
Primary Home Address:	
(2024-25) Grade:	Requested Effective Date:
designated adult. (Permission for other a For any transportation changes during the	•

 Forms must be submitted yearly for all alternate transportation plans including joint/shared custody or after school care arrangements.

Approved requests may take up to 5 business days to process.

Busing changes will <u>not</u> be in effect until you are contacted by the transportation office.

*Please note, this form is only for changes in your current plan. If your child(ren) will be picked-up and dropped-off at their primary residence for the 2024-2025 school year, you do not need to turn this form in again.

DAY OF WEEK	PICK-UP ADDRESS	DROP-OFF ADDRESS			
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
Joint/Shared Custody contact information:					
Name:		Phone number:			
Parent Signature:			Date:		
Daycare contact information:					
Daycare contact inform					
		Phone numb	ber:		