



Lakeland Central School District
Transportation Department
3100 East Main Street, Mohegan Lake, New York 10547
914-528-4445, Fax: 914-528-1839

**APPLICATION FOR TRANSPORTATION
TO/FROM ALTERNATE SITE LOCATION**

Consistent with N.Y.S. Education Law 3635(1)(e), children in grades **K-8** may be transported between the school the child legally attends and the locations of before-and/or-after-school childcare under the following conditions:

1. Children may be transported to/from locations anywhere within the Lakeland District if the Daycare facility is licensed by New York State.
2. Homes/residential locations that are not licensed by New York State must be located within the attendance zone of the child's school.
3. The District allows only **one** additional pick up or drop off location other than the home address.
4. The parent or legal guardian for the child must submit the request for transportation in writing.
5. A new request must be submitted **every** school year and received by April 1.
6. All requests must allow for a processing time of up to two weeks.

PLEASE PRINT ALL INFORMATION.

Today's Date: _____ **Requested Start Date:** _____

Student's Full Name: _____ Date of Birth: _____

School: _____ Grade: _____

Home Address: _____

City, State, Zip: _____

Parent/Guardian's Full Name: _____

Home Phone (with area code): _____ Cell Phone: (with area code): _____

Emergency Contact: _____

Emergency Contact Phones (with areas codes): _____

MORNING PICK-UP LOCATION – Please circle days: MON TUE WED THU FRI

Day Care/Baby Sitter Name: _____ Phone # (with area code) _____

Street Address: _____

City, State, Zip: _____

AFTERNOON DROP-OFF LOCATION – Please circle days: MON TUE WED THU FRI

Day Care/Baby Sitter Name: _____ Phone # (with area code) _____

Street Address: _____

City, State, Zip: _____

Parent/Guardian Signature: _____ **Date:** _____

TRANSPORTATION USE ONLY (UPDATED 5/9/13) APPROVED STARTING DATE: _____	
<u>MORNING PICK UP</u>	<u>AFTERNOON DROP OFF</u>
BUS # _____ RT. # _____	BUS # _____ RT. # _____ SLOT# _____
COLOR: _____ P/U TIME: _____	COLOR: _____ D/O TIME: _____