



Lakeland Central School District  
 Transportation Department  
 3100 E Main St, 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. Facilities 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 August 15.
6. All requests must allow for a processing time of up to two weeks.
7. **PLEASE FAX THIS FORM TO THE TRANSPORTATION DEPT. AT 914-528-1839 OR EMAIL IT TO: dmichetti@lakelandschools.org**

**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:** \_\_\_\_\_

<b>TRANSPORATION USE ONLY</b> (UPDATED 2/13)		<b>APPROVED STARTING DATE:</b> _____	
<b><u>MORNING PICK UP</u></b>		<b><u>AFTERNOON DROP OFF</u></b>	
<b>BUS #</b> _____	<b>RT. #</b> _____	<b>BUS #</b> _____	<b>RT. #</b> _____ <b>SLOT#</b> _____
<b>COLOR:</b> _____	<b>P/U TIME:</b> _____	<b>COLOR:</b> _____	<b>D/O TIME:</b> _____