

White Plains City School District
Request For Transportation To/From a Childcare Provider

The White Plains City School District will provide transportation for children *from* a childcare provider (individual or institution) *to school* **and/or** *from school* to a childcare provider. To qualify for this alternate transportation, the following criteria must be met:

1. The child must make the same bus trip – between the school and the same location (home or childcare provider) – at the same time (before or after school) all five days of the week (i.e., we cannot transport a child two or three days a week to/from a childcare provider and the other days to/from the home bus stop).
2. The childcare provider must be located within the boundaries of the White Plains City School District -- Parent Information Center staff can check address eligibility for you.
3. The distance between the school and the childcare provider must be more than ½ mile for elementary (K-5) school children, and more than 1 mile for middle (6-8) school students.

Parents/guardians must request this special transportation arrangement by completing the form below.
Please note that the childcare provider must also sign this form.

Please return this form to the Transportation Office.

To assure that these arrangements will be in place beginning with the first day of a school year, please return by July 1st. If this request is received after September 1st, you will be notified by phone when your child's new transportation arrangements have been made, since several days are needed to make transportation changes.

You must provide *all* of the information requested below.

Student's Name: _____
(First) (Last)

Student's School: _____ Grade: _____

Parent/Guardian's Name: _____ Home Phone # _____
(First) (Last)

Home Address: _____ Work Phone # _____

Emergency Contact Person: _____ Phone # _____
(First) (Last)

TO SCHOOL: (If child is to be picked up at a location other than the home bus stop.)

Name of childcare provider: _____ Phone # _____

Address of childcare provider: _____

FROM SCHOOL: (If child is to be dropped off at a location other than the home bus stop.)

Name of childcare provider: _____ Phone # _____

Address of childcare provider: _____

Parent/Guardian's Signature

Childcare Provider's Signature

Date

Date

PLEASE RETURN THIS FORM TO:

White Plains Public Schools • Transportation Department • 5 Homeside Lane • White Plains, New York 10605

Fax #: (914) 422-2297

If you have questions, please call the Transportation Office at (914) 422-2056/2057.