

**NIAGARA FALLS CITY SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
630 – 66TH STREET, ROOM 217
Niagara Falls NY 14304
(716) 286-4239
Fax: (716) 286-4261**

REQUEST FOR DAYCARE OR ALTERNATE TRANSPORTATION

Today's Date _____

STUDENT NAME: _____

ADDRESS: _____

HOME PHONE: _____

SCHOOL: _____

REQUESTED AM HOME/DAYCARE/ALTERNATE PICK UP LOCATION (CIRCLE ONE)

ADDRESS: _____

PHONE: _____

REQUESTED PM HOME/DAYCARE/ALTERNATE DROP OFF LOCATION (CIRCLE ONE)

ADDRESS: _____

PHONE: _____

DATE CHANGE TO START _____

Parent/Guardian Signature _____

ALLOW ONE WEEK FOR PROCESSING.

- **NOTE: IF YOUR CHILD'S AFTERSCHOOL PROGRAM DOES NOT OPERATE ON HALF DAYS, PLEASE ADVISE WHERE YOUR CHILD SHOULD BE DROPPED OFF.**
- **PLEASE SEE DAY CARE/ALTERNATE TRANSPORTATION GUIDELINES**

NIAGARA FALLS BOARD OF EDUCATION

DAY CARE CENTER TRANSPORTATION GUIDELINES

- 1. STUDENTS GRADES PK - 8 IN THE DISTRICT MUST BE ELIGIBLE FOR TRANSPORTATION FROM THEIR HOME AND/OR ALTERNATE ADDRESS (DAYCARE) (1.5 miles from location)**
- 2. TRANSPORTATION PROVIDED TO LICENSED AND/OR REGISTERED DAY CARE FACILITIES WITHIN THE SCHOOL DISTRICT ONLY.**
- 3. BABYSITTERS OR UNLICENSED AND/OR UNREGISTERED DAY CARE CENTERS MUST BE LOCATED WITHIN THE ATTENDANCE AREA OF THE SCHOOL THE CHILD ATTENDS AND WILL RECEIVE CORNER TRANSPORTS ONLY.**
- 4. HAND DELIVER, FAX OR MAIL ALTERNATE TRANSPORT FORM TO THE TRANSPORTATION DEPARTMENT BY AUGUST 15TH OF EACH SCHOOL YEAR. (YOU MUST REAPPLY EVERY SCHOOL YEAR). ALTERNATE TRANSPORTS MUST BE FOR THE SAME LOCATION FIVE DAYS PER WEEK AND FOR AT LEAST ONE (1) MONTH. APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE GUARANTEED FOR THE FIRST DAY OF SCHOOL.**
- 5. ANY REQUESTS/CHANGES MUST BE SUBMITTED IN WRITING ON THE ALTERNATE TRANSPORTATION FORM. ALLOW ONE (1) WEEK FOR PROCESSING.**
- 6. TRANSPORTATION DEPARTMENT HAS FINAL DECISION REGARDING FEASIBILITY OF REQUEST.**