

**NIAGARA FALLS CITY SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
630 66<sup>TH</sup> STREET  
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: \_\_\_\_\_

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REQUESTED AM HOME/DAYCARE/ALTERNATE PICK UP LOCATION:  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

-----  
REQUESTED PM HOME/DAYCARE/ALERNATE DROP OFF LOCATION:  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE CHANGE TO START \_\_\_\_\_

parent/guardian signature \_\_\_\_\_

**ALLOW ONE WEEK FOR PROCESSING.**

**NOTE: SEE COMPLETE LIST OF ELIGIBILITY REQUIREMENTS  
ON THE BACK OF THIS FORM.**

## **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. (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 OR MAIL ALTERNATE TRANSPORT FORM TO THE TRANSPORTATION DEPARTMENT BY AUGUST 20<sup>th</sup> 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 1<sup>st</sup> 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.**