



BEACON CITY SCHOOL DISTRICT
BEACON, NEW YORK 12508

TRANSPORTATION REQUEST

Check Appropriate Box:

☐ New Entrant ☐ Change Of Address ☐ Displacement ☐ Transfer
Students Must Reside 1 Mile or More From The School They Attend To Receive

SCHOOL: _____ SCHOOL YEAR: _____

Enter Grade (1-12): _____ OR: check one: **K** _____ **PRE-K** _____

Student Name: _____ Date of Birth _____

Student Address _____
Address City State Zip Code

Mailing Address: _____
(If Different) Address/PO Box City State Zip Code

Parent Name: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Emergency Contact (other than parent) _____

Phone # of Emergency Contact _____

Special Transportation Request
Daycare, Child Care, Displacement
Students in Pre-K through 8th Grade are eligible for Day Care/Child Care.

Name of Day Care Center, Child Care Provider or Housing Site

Address of Day Care Center, Child Care Provider or Housing Location Phone Number

Pick up Location in A.M.: ☐ Day Care/Child Care Provider/Housing Site ☐ Home ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ All

Drop off Location in P.M.: ☐ Day Care/Child Care Provider/Housing Site ☐ Home ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ All

Parent's Signature Date

For Office Use Only
To School Route: _____ From School Route: _____