|  |  |
| --- | --- |
| Daycare-Alternate Stop Request  NF-CSD-630 66th street NF, NY 14304 |  |

# Instructions

Please fill out form below to ask for Alternate pick up or drop off address. An alternate address can either be a family/friend’s house, or an accredited day care provider. Please indicate AM/PM, and the name of the daycare. Please allow up to **TWO WEEKS** for processing. **\* There is only allowed 1 address for morning, and 1 for afternoon 5 days per week\***

**\*If the provider/program is not open on half days, please indicate where the student should be dropped off\***

# Student Information

|  |  |  |  |
| --- | --- | --- | --- |
| Students Name |  | Street Address  Including City, State,  and ZIP Code |  |
|  |
| Students Telephone Number |  | Daycare/ Alternate Telephone number |  |
| AM |  | PM |  |
| Daycare Provider Name |  | Daycare/Alternate Address |  |

\*Please indicate which days, location, and whether AM or PM below\*

\*If there are days that are from home please do not write anything in the line\*

|  |  |  |  |
| --- | --- | --- | --- |
| Transportation Days | AM |  | PM |
| Monday |  |  |  |
|  |  |  |  |
| Tuesday |  |  |  |
|  |  |  |  |
| Wednesday |  |  |  |
|  |  |  |  |
| Thursday |  |  |  |
|  |  |  |  |
| Friday |  |  |  |
|  |  |  |  |
| Half Day Drop off Address |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Parent/Guardian Signature |  |  | Name |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Signature |  |  |  |  |  |

**Please mail to Transportation office, or drop off at school or Admin office**