



Dr. Laura P. Feijóo  
Superintendent of Schools

City School District of New Rochelle  
515 North Avenue  
New Rochelle, NY 10801

### **TRANSPORTATION – CHILD CARE APPLICATION**

SCHOOL YEAR: 20 \_\_\_\_\_

#### **RETURN TO:**

City School District of New Rochelle  
Office of Transportation  
515 North Avenue  
New Rochelle, NY 10801

Check ONE:  Childcare  Religious Instruction

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade for September 2020 (Circle one): K 1 2 3 4 5

#### **Parent or Legal/Custodial Guardian Information**

Mother \_\_\_\_\_ Father \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone . \_\_\_\_\_

E-Mail. \_\_\_\_\_

Signature of Mother or Father  
or Legal/Custodial Guardian \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

#### **Emergency Contact (other than parent or legal/custodial guardian)**

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Are you eligible for transportation from home to school? Yes \_\_\_\_\_ No \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ (PLEASE ALLOW UP TO 10 DAYS FOR PROCESSING)

#### **OFFICE USE ONLY**

Start Date: \_\_\_\_\_ Bus Company: \_\_\_\_\_

Bus Route: \_\_\_\_\_ Bus Stop: \_\_\_\_\_



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**A. BEFORE SCHOOL**

Name and address of childcare location or religious instruction program

DAY OF THE WEEK (CIRCLE)    MON    TUE    WED    THU    FRI

NAME OF ADULT AT CHILDCARE CENTER: \_\_\_\_\_    PHONE NUMBER: \_\_\_\_\_

**B. AFTER SCHOOL**

Name and address of childcare location or religious instruction program

DAY OF THE WEEK (CIRCLE)    MON    TUE    WED    THU    FRI

NAME OF ADULT AT CHILDCARE CENTER: \_\_\_\_\_    PHONE NUMBER: \_\_\_\_\_

**OFFICE USE ONLY**

Start Date: \_\_\_\_\_

Bus Company: \_\_\_\_\_

Bus Route: \_\_\_\_\_    Bus Stop: \_\_\_\_\_