

## Request for Summer School Transportation

Parents/guardians of students enrolling in a summer program must provide the information listed below.

| STUDENT INFORMATION  |  |           |  |           |       |
|--|--|-----------|--|-----------|-------|
| Student Name:  |  |           |  |           |       |
| Pick Up Location/Address:  |  |           |  |           |       |
| Drop Off Location/Address:   |  |           |  |           |       |
| Primary Contact Name:  |  |           |  | Email:    |       |
| Primary Contact Phone:   |  | Phone #1: |  | Phone #2: |       |
| Secondary Contact Name:  |  |           |  | Phone:    |       |
| Please provide any special instructions or helpful information below:    |  |           |  |           |       |
|  |  |           |  |           |       |
| I am requesting transportation for my child for summer program entitled: |  |           |  |           |       |
| Program Location:  |  |           |  | Dates:    |       |
| Signature:   |  |           |  |           | Date: |

| PLEASE NOTE   |
|---|
| <p>If the information above changes during the term of the program, please notify the Transportation Office at 518-884-7140 immediately. The Transportation Department requires 3 – 5 business days to process requests.</p> <p>This form should be submitted at least two weeks prior to the start of the program.</p> |
| <p>Submit completed form to: <a href="mailto:transportationrequest@bscsd.org">transportationrequest@bscsd.org</a></p>   |

| OFFICE USE ONLY      |  |  |  |
|----------------------|--|--|--|
| Summer Program Name: |  |  |  |
|                      |  |  |  |
|                      |  |  |  |