

Before and After School Day Care Transportation Request 2020-2021

In order to accommodate working parents and provide effective accountability of our children as they arrive or depart through the use of our bus transportation system, the Seymour Board of Education has provided a policy that allows your child to be picked up or dropped off at a different location other than your home.

Daycare transportation may be utilized under the following conditions:

1. The daycare facility/provider must be on one of the established bus routes for your child's school. (This does not guarantee door-to-door service.)
2. Transportation will only be provided to **one pick up location** and **one drop off location** and these locations must remain the same all **five days of the school week** and on a weekly consistent basis for the school year. **(This includes early dismissals; no exceptions are made on early dismissal days.)** For example, AM pick up at home all five days, PM drop off at daycare all five days.
3. Parent/Guardian must fill out a *Before and After School Day Care Transportation Request* (this form) EVERY school year. This is not a standing request.
4. **This request must be received by August 10, 2020 to be in effect for the first day of school.** The parent/guardian is responsible for transportation to and from school until the school has provided you with a BOE Central Office approved bus assignment and bus service beginning date. This process can take up to 48 hours after the start of the school year.

If you will be using before and/or after school daycare, please complete and mail this form to Pat Boyle Seymour Board of Education 98 Bank Street, Seymour CT 06483: email it to pboyle@seymourschools.org, or Fax 203.888.1704.

Student Name: _____ **Requested date to start stop:** _____

School: _____ Grade: _____

Home Address: _____

Morning - Please pick up my child from:

Name of Daycare Facility or Provider: _____

Address: _____

Name of attending Adult Supervision: _____

Telephone Number of Daycare Facility or Provider: _____

Afternoon - Please drop my child off at:

Name of Daycare Facility or Provider: _____

Address: _____

Name of attending Adult Supervision: _____

Telephone Number of Daycare Facility Provider: _____

I have read and understand the above district policies.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

