



SYRACUSE CITY SCHOOL DISTRICT
Anthony Q. Davis, Sr., Superintendent of Schools

Transportation Department

Jeremy C. Smith, Director

2025-2026 School Year
Request for Transportation to/from Child Care

PLEASE RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL OR THE TRANSPORTATION DEPARTMENT
IT COULD TAKE UP TO A WEEK BEFORE BUSING IS SET UP FOR YOUR CHILD CARE

Requests need to be RENEWED EACH SCHOOL YEAR

Distance Criteria: Grades K-8 – more than 1 mile
(Please fill this form out completely or it could delay processing your request.)

To Be Completed by Parent/Guardian Only (PLEASE PRINT CLEARLY)

School _____ Date _____ Effective Date _____

Student _____ Grade: _____

Student _____ Grade: _____

Home Address: _____ Zip Code: _____

Home Number: _____ Work Number: _____

Name of Child Care Provider _____ Phone Number: _____

Child Care Provider's Signature _____ Date _____

AM Pick-up Address **Please give specific address only (NO CORNERS):** (Must be **consistent 5 days a week**)

PM Drop-off Address **Please give specific address only (NO CORNERS):** (Must be **consistent 5 days a week including early dismissals, extended days and emergencies**)

I understand this form needs to be renewed each year. YES _____ Initial _____

Signature of Parent/Guardian: (Must be signed by parent/guardian only) _____

Transportation Analyst's Only
(To Be Completed by the Transportation Department Only)

- | | |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Home address does not match school system | <input type="checkbox"/> Childcare address not eligible or outside city limits |
| <input type="checkbox"/> Childcare address ONLY not a corner request | <input type="checkbox"/> Form incomplete (see above highlighted areas) |
| <input type="checkbox"/> Police matter | |