

Transportation received: _____

**HILTON CENTRAL SCHOOL
Child Care Transportation Request Form**

School Year: _____

Start Date: _____

Childs Name: _____

Grade: _____

School: _____

Mother: First Name : _____ Last Name: _____

Father: First Name: _____ Last Name: _____

Home Address: _____ Zip Code: _____

Home Phone: _____ Mom Work Phone: _____ Dad Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Child to be picked up at: (Address) _____

Days -- Monday -- Tuesday -- Wednesday -- Thursday -- Friday --
(circle days to be picked up*)

Child Care Provider:

First Name: _____ Last Name: _____ Phone: _____

*******CHILD WILL BE PICKED UP AT HOME ON DAYS NOT CIRCLED*******

Child to be Dropped off at: (Address) _____

Days -- Monday -- Tuesday -- Wednesday -- Thursday -- Friday --
(circle days to be dropped off*)

Child Care Provider:

First Name: _____ Last Name: _____ Phone: _____

*******CHILD WILL BE DROPPED OFF AT HOME ON DAYS NOT CIRCLED*******

THIS FORM IS VALID FOR THE CURRENT SCHOOL YEAR ONLY

**Return to : Hilton Central School
Transportation Department
300 School Lane
Hilton, NY 14468
392-1007**

OFFICE USE ONLY

BUS IN : _____ Mon-Tues-Wed-Thur-Fri

BUS OUT: _____ Mon-Tues-Wed-Thur-Fri

BUS IN : _____ Mon-Tues-Wed-Thur-Fri

BUS OUT: _____ Mon-Tues-Wed-Thur-Fri

COPY TO SCHOOL _____