

HILTON CENTRAL SCHOOL
Child Care Transportation Request Form

Received: _____

School Year: _____ School: _____ Start Date: _____

Child's Name: _____ Grade: _____

Mom - First Name: _____ Last Name: _____

Dad - First Name: _____ Last Name: _____

Home Address: _____ Zip Code: _____

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

Mom - Cell Phone: _____ Dad - Cell Phone: _____

Child to be picked up at: (Address) _____

Monday Tuesday Wednesday Thursday Friday

Child Care Provider:
First Name: _____ Last Name: _____ Phone: _____

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

Child to be dropped off at: (Address) _____

Monday Tuesday Wednesday Thursday Friday

Child Care Provider:
First Name: _____ Last Name: _____ Phone: _____

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

THIS FORM IS VALID FOR THE CURRENT SCHOOL YEAR ONLY

Hilton Transportation Department
300 School Lane
Hilton, NY 14468
392-1007

OFFICE USE ONLY

BUS IN: _____ M Tu W Th F BUS OUT: _____ M Tu W Th F

BUS IN: _____ M TU W Th F BUS OUT: _____ M Tu W Th F

PARENT SIGNATURE _____ DATE _____

PLEASE ALLOW UP TO 5 BUSINESS DAYS FOR PROCESSING