



## Wayland - Cohocton School District Transportation Request Form

### **Daycare Transportation Criteria**

- **Daycare facility must be located within the school district boundaries**
- **Child may have a maximum of two (2) bus stop locations, which are limited to home and one (1) daycare provider *ONLY***
- **Daycare transportation must be on a *regular* basis**
- **Once a weekly transportation schedule is established, it must remain consistent.**

An application for transportation services to daycare providers must be filed each year with the Transportation Department by the parent or guardian (one form per student). These applications must be received by the school office by **Monday, July 31st, 2023**

If transportation needs change throughout the school year, applications must be re-filed with the school office to ensure that we are able to maintain accurate data. **We will need five working days to implement the transportation arrangements.** These request forms are available at each main office.

Transportation is complex to arrange and requires that schedules be shared with drivers and teachers notifying them of what days students will or will not be riding certain buses. Therefore, please note that it is your responsibility to inform the school of the transportation arrangements.

Your cooperation and timely return of this form will help to ensure the proper transportation of your child to/from their home or daycare provider.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAIL, EMAIL or DELIVER, COMPLETED APPLICATION TO:**

Wayland-Cohocton Central School  
%Transportation Director Jim Abbott  
2350 Route 63  
Wayland, NY 14572  
Email: [jabbott1@wccsk12.org](mailto:jabbott1@wccsk12.org)

(Continued on Other Side)

**Wayland-Cohocton CSD Transportation Request Form**  
**New Registration/Transportation Changes**  
**Please fill out one for each student**

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Car Seat Needed: \_\_\_\_ Yes \_\_\_\_ No

School attending: Wayland Building (K-12) \_\_\_\_\_ Cohocton Building (PreK 3&4) \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Please check the days of the week your child will be transported to and from this address for AM and PM

AM: Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thur. \_\_\_\_ Fri. \_\_\_\_ I will drop my child off at school \_\_\_\_\_

PM: Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thur. \_\_\_\_ Fri. \_\_\_\_ I will pick my child up from school \_\_\_\_\_

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Daycare Provider Name: \_\_\_\_\_

Daycare Provider Address: \_\_\_\_\_

Daycare Provider Phone Number: \_\_\_\_\_

Please check the days of the week your child will be transported to and from this address for AM and PM

AM: Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thur. \_\_\_\_ Fri. \_\_\_\_

PM: Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thur. \_\_\_\_ Fri. \_\_\_\_

**Do not write below this line. For office use only**

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**FOR OFFICE USE ONLY:**

**HOME BUS # AM:** \_\_\_\_\_ **HOME BUS # PM:** \_\_\_\_\_

**DAYCARE BUS # AM:** \_\_\_\_\_ **DAYCARE BUS # PM:** \_\_\_\_\_