

OFFICE USE ONLY:

**BUS# AM _____ STOP _____ TIME _____
PM _____ STOP _____ TIME _____

2018-2019

JOHNSON CITY ELEMENTARY / MIDDLE / HIGH SCHOOL
666 Reynolds Road - Transportation
Johnson City, New York 13790

ALTERNATE SITE AND AUTHORIZATION FORM
STUDENTS IN THE CARE OF A CHILD SITTER / HOME DAYCARE

As the parent (s) or legal guardian (s) of _____ GRADE _____
We hereby request and authorize the above - named child be transported to the following residence:

CHILD SITTER / SITE NAME _____

STREET ADDRESS _____

CITY (Must be within the JC district) _____

BUS TRANSPORT IN THE A.M. DAYS OF THE WEEK M TU W TH F
P.M. DAYS OF THE WEEK M TU W TH F

SITTER PHONE _____ PARENT PHONE _____

****REASON FOR REQUEST:** _____
(ONLY REQUESTS DUE TO CHILD CARE NEEDS WILL BE HONORED)

REQUESTED START DATE _____ * Processing and start of trans. can take up to 48 hours. Transportation can begin only after parent or guardian is contacted by Transportation with bus information, and start date.

****** Any changes to this request need to be pre - approved. ******

Futhermore, we agree that the Johnson City Central School District shall in no way be liable for the safety and care of the above named child once delivered to the bus stop designated for the residence identified above, and we hereby release the Johnson City School District and its agents and employees from any and all responsibility for injuries or damages that might be sustained by the above-named child once said child is delivered to the designated bus stop.

NAME OF PARENT (PLEASE PRINT) _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

HOME PHONE _____

CHILD'S RESIDENCE _____

RESIDENCE OF PARENT (S) / LEGAL GUARDIANS _____

EMERGENCY PERSON TO CONTACT _____

GRADE LEVEL SCHOOL CHILD ATTENDS K-5 3-5 6-8 9-12 CIRCLE ONE

A NEW FORM BY PARENT / GUARDIAN IS NEEDED EACH NEW SCHOOL YEAR PER CHILD

(OFFICE USE ONLY) (HOME BUS # _____)