

**Arlington Central School District**  
**Transportation Department**  
**Baby Sitter Request Form**

**Building:** JOSEPH C D'AUANNI INTERMEDIATE

School Year: 2006-2007

**Student ID** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Parent/Guardian Information:** \_\_\_\_\_ **Work/Contact Phone:** \_\_\_\_\_

**Residence:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Mailing Information:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Residence Information Corrections:** \_\_\_\_\_

**Mailing Information Corrections:** \_\_\_\_\_

If your child goes to and/or from a babysitter's home at a different address than shown above, please fill out the form below including the name, address, and telephone number of the babysitter. Be sure to return this form to the school where your child attends.

**Pick Up Section**

**Check One:**     \_\_\_ Home           \_\_\_ Babysitter

**Babysitter's Name:** \_\_\_\_\_

**Babysitter's Address**

\_\_\_\_\_  
\_\_\_\_\_

**Babysitter's Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Check Days:**

\_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri

**Drop Off Section**

**Check One:**     \_\_\_ Home           \_\_\_ Babysitter

**Babysitter's Name:** \_\_\_\_\_

**Babysitter's Address**

\_\_\_\_\_  
\_\_\_\_\_

**Babysitter's Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Check Days:**

\_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact/Emergency Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Ext.:** \_\_\_\_\_

**Daycare Transportation Deadlines:** April 1<sup>st</sup> for *out of attendance zone* Daycare centers  
August 1<sup>st</sup> for all other Daycare providers

**Note to School Staff:** Please fax this form to the transportation office upon receipt.