



**VESTAL CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

***** PLEASE KEEP A COPY FOR YOUR RECORDS *****

As the Parent(s) or Legal Guardian (s) of _____ ,
(Student's Name)
we hereby request and authorize the above-named child to be transported to, or
from, the following residence, effective _____.
(Date)

To School	From School
Child Sitter's Name _____	Child Sitter's Name _____
Child Sitter's Phone _____	Child Sitter's Phone _____
Street Address _____	Street Address _____
Morning Route # _____ (Transportation office to supply)	Afternoon Route # _____ (Transportation office to supply)

Furthermore, we agree that the Vestal 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 Vestal Central School District and its agents and employees from any and all responsibility for injuries or damage that might be sustained by the above-named child once said child is delivered to the designated Bus Stop.

Child's Legal Residence: _____ Town/City: _____

Home Phone: _____ Emergency Phone: _____

Name of School Child Attends: _____ Grade: _____

Signature of Parent(s)/Legal Guardian(s): _____

Date Submitted: _____

For Office Use Only

Authorized Principal's Signature: _____

Ken Starr/Director of Transportation: _____

COPIES:

Transp. ☐ School ☐ Driver ☐

If you have multiple children attending the same child sitter, please complete a form for each child.

Please return completed form(s) at your earliest convenience to Transportation Fax 607-757-3438
OR deliver to Vestal Transportation Building, 287 Woodlawn Drive, next to the Vestal High School parking lot.