

# Somers Public Schools

## Transportation Change Request

2023-2024

Child's Name: \_\_\_\_\_

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

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Check the appropriate box:

My child/children will be a daily pick-up\*

My child/children are coming from or going to a daycare facility or babysitter provider

Daycare/Babysitter Name: \_\_\_\_\_

Daycare/Babysitter Address: \_\_\_\_\_

Daycare/Babysitter Number: \_\_\_\_\_

Please indicate what days of the week your child will be coming from or going to a childcare provider:

|                  | AM    | PM    |
|------------------|-------|-------|
| <b>Monday</b>    | _____ | _____ |
| <b>Tuesday</b>   | _____ | _____ |
| <b>Wednesday</b> | _____ | _____ |
| <b>Thursday</b>  | _____ | _____ |
| <b>Friday</b>    | _____ | _____ |

*\* Please list any other adults (other than the parent/guardian) that you are allowing to pick up your child/children.*

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Return this form to your child/children's school office so that we may update the student database as soon as possible.