

Second address (daycare) application

Information about your child:

<i>School ID # (parent - complete if known)</i>		<i>student last name</i>	
9 0			
<i>student first name</i>		<i>house number</i>	<i>street & street suffix</i>
<i>apt number</i>	<i>zip code</i>	<i>grade</i>	<i>school name/number</i>
<i>birth date</i>	<i>sex</i>	<i>parent or guardian</i>	
<i>home phone number</i>	<i>emergency contact</i>	<i>emergency phone number</i>	

Information about what you are requesting:

morning address (pick-up): _____
HOUSE # AND STREET NAME NEEDED
day care name (if applicable): _____

person responsible at this address: _____

their phone number: _____

afternoon address (drop-off): _____
HOUSE # AND STREET NAME NEEDED
day care name (if applicable): _____

person responsible at this address: _____

their phone number: _____

parent's (or guardian) signature: _____ *date:* _____

Fax to: (716) 878-9744 or Email to:
Transportation@buffaloschools.org