

# 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 &amp; 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:* \_\_\_\_\_

Please complete and return white copy to: [Transportation@buffaloschools.org](mailto:Transportation@buffaloschools.org)