



# PORT JERVIS CITY SCHOOL DISTRICT BABYSITTER FORM

Registration Phone: 845-858-3100 x6601 Fax: 845-858-3268

This form authorizes parental permission **for a student to be transported from and to an alternate location, other than their home address.** This form must be completed, submitted to our Registration Office or the School Office where your child attends school and be processed, prior to a bus schedule change being made.

**STUDENT'S NAME:** \_\_\_\_\_

**SCHOOL/GRADE 2023/2024:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

(Please give home location

- Example: white house, #771

Old Country Road, Sparrowbush,

New York 12780) \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMERGENCY PHONE:** \_\_\_\_\_

-----  
Port Jervis School District allows an alternate transportation address on a ***FIVE DAY PER WEEK BASIS ONLY***. A babysitter's location must be within the parent's residence/attendance zone. **NOTE: NO MORE THAN THREE CHANGES PER YEAR WILL BE PROCESSED. PLEASE INDICATE YOUR SITTER CHOICE BELOW:**

[ ] A.M. (Trip to School)      [ ] P.M. (Trip Home from School)      [ ] Both Trips

**PLEASE FILL IN THE FOLLOWING PERTINENT BABYSITTER INFORMATION:**

**BABYSITTER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**SIGNATURE PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**This form constitutes a public document. Individuals completing this form are advised that the information provided herein must be accurate and true in all respects since the Port Jervis City School District ("the District") will rely on the statements made herein. Any false statements made herein are punishable in accordance with the New York State Penal Law.**