



PORT JERVIS CITY SCHOOL DISTRICT BABYSITTER FORM

Registration Phone: 845-858-3100 x 6601 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 2024/2025: _____

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.