

**KWS BEAR ROAD ELEMENTARY SCHOOL STUDENT  
SIBLING TRANSFER REQUEST FORM FOR CHANGE TO  
LAKESHORE ROAD ELEMENTARY SCHOOL (2020-2021)**

North Syracuse Central School District

*Phone: 218-2107 Fax: 218-2184*

**NAME OF 3<sup>RD</sup> OR 4<sup>TH</sup> GRADE STUDENT (2020-2021):** \_\_\_\_\_

**GRADE (2020-2021):** \_\_\_\_\_

**SIBLING NAME:** \_\_\_\_\_

**GRADE (2020-2021):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: North Syracuse Central School District Transportation Policy 8411 provides that no more than two locations may be used for transportation of students.**

**Address #1**

House No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Address #2**

House No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**SCHEDULE OF PICK UP OR DROP OFF**

Please indicate address # from above into appropriate box for the day of the week where the student is to be picked up/dropped off.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>PICK UP</u>					
<u>DROP OFF</u>					

Remarks \_\_\_\_\_

Effective Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***FOR OFFICE USE ONLY***

Date Received \_\_\_\_\_ Date Faxed \_\_\_\_\_ Date Completed \_\_\_\_\_ Initials \_\_\_\_\_

**Bus Numbers**

**Assigned Bus Stop Location**

1. \_\_\_\_\_  
2. \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_

**PARENT FORM - IMPORTANT INFORMATION:**

In order to use or to have residential daycare/babysitter outside of your homeschool area, you must receive written approval from the Superintendent of Schools **prior** to making a commitment with your daycare/babysitter provider. If you made a commitment with your daycare provider, **there is no guarantee your request will be approved**, per Board of Education Policy 5140.

NAME OF PARENT/GUARDIAN \_\_\_\_\_

PARENT/GUARDIAN ADDRESS \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

REQUESTED SCHOOL \_\_\_\_\_

I, being duly sworn, depose and say:

I am the parent of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ my child will be in the  
*(Student's Name)* *(Date)* *(Date)*

custody and care of the following childcare provider:

PROVIDER'S NAME \_\_\_\_\_

PROVIDER'S ADDRESS \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

PROVIDER'S PHONE NUMBER(S) \_\_\_\_\_

*I hereby represent and warrant that I will immediately notify the North Syracuse Central School District registrar if the terms and conditions of child care services as detailed in this affidavit should change.*

\_\_\_\_\_  
*Parent/Guardian Signature*

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
*(Notary Public)*

**PROVIDER (DAYCARE) FORM**

I, being duly sworn, depose and say:

I am or will be the childcare provider for \_\_\_\_\_  
*(Student's Name)*

I expect to provide childcare during the following calendar months: \_\_\_\_\_ to \_\_\_\_\_  
*(Date)* *(Date)*

\_\_\_\_\_  
*(Provider/Babysitter Signature)*

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
*(Notary Public)*