

# Second address (daycare) application

## Information about your child:

<i>Student ID # (parent - complete if know student last name)</i>									
<input type="text"/>					<input type="text"/>				
<i>student first name</i>					<i>house number</i>		<i>street &amp; street suffix</i>		
<input type="text"/>					<input type="text"/>		<input type="text"/>		
<i>apt number</i>		<i>zip code</i>			<i>grade</i>	<i>school name/number</i>			
<input type="text"/>		<input type="text"/>			<input type="text"/>	<input type="text"/>			
<i>birth date</i>				<i>sex</i>	<i>parent or guardian</i>				
<input type="text"/>				<input type="checkbox"/>	<input type="text"/>				
<i>home phone number</i>				<i>emergency contact</i>				<i>emergency phone number</i>	
<input type="text"/>				<input type="text"/>				<input type="text"/>	

## Information about what you are requesting:

<i>morning address (pick-up):</i> _____
<i>day care name (if applicable):</i> _____
<i>person responsible at this address:</i> _____
<i>their phone number:</i> _____
<i>afternoon address (drop-off):</i> _____
<i>day care name (if applicable):</i> _____
<i>person responsible at this address:</i> _____
<i>their phone number:</i> _____

*parent's (or guardian) signature:* \_\_\_\_\_ *date:* \_\_\_\_\_

Please complete and return white copy to:

Second Address Transportation, BPS, 105 Bailey Avenue, Buffalo N.Y. 14220

Fax #: 716-878-9744

(white - transportation dept, yellow - school, gold - parent)