

Transportation Department  
Joseph La Marca, Director of  
Transportation  
Phone: 585-637-1880  
Fax: 585-637-1885

Brockport Central School District  
40 Allen Street  
Brockport NY 14420-2296

**TRANSPORTATION REQUEST**  
**For Child to attend After School Adventures at Brockport Free Methodist Church**

The following form is to be used to request transportation to the After School Adventures program at Brockport Free Methodist Church after school.

Date of Request: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

Student's Full Name (Please indicate all students needing transportation):

**Ginther** \_\_\_\_\_

**Barclay** \_\_\_\_\_

**Hill** \_\_\_\_\_

Student's Home Address: \_\_\_\_\_ 

BUS	
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Home Telephone Number: \_\_\_\_\_

Family E-mail Address: \_\_\_\_\_

Parent's Name: (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_ Father's Work Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

**Bus to Brockport Free Methodist Church**  
**6787 4<sup>th</sup> Section Road**  
**Brockport, NY**  
**585.637.9785**

BUS	
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(Parents will pick children up at church following the program)

**AFTER SCHOOL ON CIRCLED DAYS :**

**MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY**

Miscellaneous Information: \_\_\_\_\_

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