



MARLBORO CENTRAL SCHOOL DISTRICT



Babysitter Form

This form authorizes parental permission for students to be transported to and from an alternate location, other than the student's home address. This form must be completed and submitted to your child's school office or Quality Bus Service, LLC.

STUDENT'S NAME: _____

SCHOOL/GRADE 2019-20: _____

HOME ADDRESS: _____

(Please give home location

- Example: white house, #1216 _____

Route 9W, Marlboro, _____

New York, 12542 _____

HOME PHONE: _____ **EMERGENCY PHONE:** _____

Marlboro Central School District allows an alternate transportation address on a ***FIVE DAY PER WEEK BASIS ONLY. PLEASE INDICATE YOUR BABYSITTER 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 Marlboro Central 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.