

**ICPA
BABYSITTER
FORM**

Phone: 614-433-7510

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.

STUDENT'S NAME: _____

GRADE: _____

HOME ADDRESS: _____

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.