Second address (daycare) application 2025-2026

Information about your child:

School ID # (parent - complete if known)

`9 0`

student last name

student first name

house number

street & street suffix

apt number

zip code

grade

school name/number

birth date

sex

parent or guardian

home phone number

emergency contact

emergency phone number

Information about what you are requesting:

morning address (pick-up): _____
HOUSE # AND STREET NAME NEEDED

day care name (if applicable): _____

person responsible at this address: _____

their phone number:

afternoon address (drop-off): _____
HOUSE # AND STREET NAME NEEDED

day care name (if applicable): _____

person responsible at this address: _____

their phone number:

parent's (or guardian) signature: _____   date: _____

Please complete and return white copy to: Transportation@buffaloschools.org