

RENSSELAER COUNTY DEPARTMENT OF HEALTH  
DIVISION OF CHILDREN WITH SPECIAL NEEDS  
PUPIL TRANSPORTATION REQUEST FORM

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**AGENCY:** Newmeadow

**Contact:** Becca Martin

**SITE:** Clifton Park

**Telephone:** 518-899-9235

**ADDRESS:** 23 Sitterly Road  
Clifton Park, NY 12065

**DATES OF PROGRAM:** 09/08/21-06/24/22

**TIME OF PROGRAM:** 8:30-1:30

**CHILD'S NAME/  
DATE OF BIRTH**

**TELEPHONE**

**PARENT'S NAME/  
HOME ADDRESS**

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**EMERGENCY CONTACT NAME & PHONE NUMBER:  
NAME AND PHONE OF CAREGIVER**

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**NAME AND PHONE OF CAREGIVER**

**DROP OFF ADDRESS**

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**SPECIAL NEEDS REQUESTS:**

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