

REQUEST FOR CHILD CARE TRANSPORTATION FOR SCHOOL YEAR _____

TRANSPORTATION MUST BE WITHIN THE ATTENDANCE ZONE OF THE SCHOOL THE CHILD ATTENDS. EXISTING BUS STOPS MUST BE USED.

STUDENT'S NAME:	
ADDRESS:	
HOME TELEPHONE #:	WORK/EMERGENCY #:
SCHOOL:	GRADE:
REGULAR BUS STOP:	BUS NUMBER:

CHILD CARE BUS STOP

BUS STOP REQUESTED:	BUS NUMBER:
CHILD CARE PROVIDER:	PHONE NUMBER:
ADDRESS:	
CHECK ___ MORNING ONLY ___ AFTERNOON ONLY ONE: ___ MORNING AND AFTERNOON	

***KINDERGARTEN STUDENTS MUST BE MET BY AN
AUTHORIZED CHILD CARE PROVIDER.***

SIGNATURE OF PARENT:	DATE:	SIGNATURE OF PRINCIPAL:	DATE:
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SUFFOLK BUS - DATE: _____ CONTACT: _____ START DATE: _____