

REQUEST FOR TRANSPORTATION TO CERTIFIED DAY CARE FACILITY



THIS APPLICATION MUST BE FILED WITH WEST ISLIP SCHOOL DISTRICT BY:

APRIL 1, 2018

To be completed whenever school bus service is required.

I have requested that transportation be provided for my son / daughter to / from:

Elementary school: _____ to / from Day Care name: _____

(Please print)

a state certified day care facility, located in West Islip, at the following address for the 2018 – 2019 school year.

Day Care Address: _____

Day Care Phone: _____

(Please print)

Days requested: Monday Tuesday Wednesday Thursday Friday All

(Please circle)

Requesting: A.M. _____ P.M. _____ Both _____

Name of Student: _____

(Please Print)

Home Address: _____

(Please Print)

Telephone: Home # _____ Work # _____ Cell # _____

Birth Date: _____ Age: _____ Grade: _____

(Effective September 2018)

Signed: _____ Date: _____

(Name of Parent / Guardian)

TO BE COMPLETED ONLY IF THIS REQUEST IS A LATE REQUEST

The reason I am submitting a late request for transportation service is:

Return to: **TRANSPORTATION DEPARTMENT**

West Islip Public Schools

100 Sherman Avenue

West Islip, NY 11795

(Phone: 893-3300)

(Fax: 893-3383)