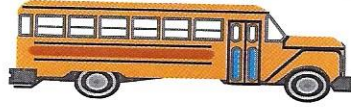


REQUEST FOR TRANSPORTATION TO CERTIFIED DAY CARE FACILITY



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

APRIL 1, 2020

To be completed whenever school bus service is required.

I hereby request that transportation be provided for my child as follows:

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 2020-21 school year.

Day Care Address: _____ Day Care Phone: _____
(Please print)

Days requested: Monday Tuesday Wednesday Thursday Friday All
(Please circle)

Start Date: _____ Requesting: AM _____ PM _____ Both _____

Name of Student: _____
(Please Print)

Home Address: _____
(Please Print)

Telephone: Home # _____ Work # _____ Cell # _____

Birth Date: _____ Age: _____ Grade: _____
(Effective September 2020)

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 UFSD
100 Sherman Avenue
West Islip, NY 11795
Phone: (631) 893-3300
Fax: (631) 893-3383