

COMSEWOGUE SCHOOL DISTRICT

TRANSPORTATION OFFICE

290 Norwood Avenue
Port Jefferson Station, N.Y. 11776
(631) 474-8123 FAX (631) 474-3639

2017 – 2018 SCHOOL YEAR
REQUEST FORM FOR SPECIAL TRANSPORTATION ARRANGEMENTS

PLEASE PRINT

My child _____ Street Address _____

Home Phone # _____ is in grade _____ in _____ School

Home Bus Stop is at _____ on Bus _____

My work/emergency number is _____ ext. _____ My cell number is: area code _____

Work Hours: _____ Days Work: _____

My child will go to the sitter: () **AM** ONLY () **PM** ONLY () **AM & PM** **EVERY SCHOOL DAY**

On **EARLY DISMISSAL DAYS** (due to bad weather, etc.) my child will go to () **sitter** () **home**

Name of Sitter: _____

Sitter's Address: _____

I am aware of the special transportation arrangements being made for the above named child, & I agree to be responsible for this child on the days & times specified.

Signature: _____ Phone # _____

PLEASE NOTE:

To guarantee for start of school please have completed form returned to transportation no later than August 1, 2017.

These arrangements will remain the same week-to-week. If **any changes** in the above information occur, contact your child's teacher & the school office.

ADDITIONAL NOTES: _____

_____ Application Date _____ Print - Parent/Guardian Name _____ Signature of Parent/Guardian _____ Start Date Needed _____

FOR TRANSPORTATION OFFICE USE ONLY

Approved () **Denied** () Date: _____

Bus Stop: _____ Bus _____

Notified: Driver () School () Start Date: _____

Jeanne M. Lupton, Transportation Coordinator