

**PORT WASHINGTON SCHOOL DISTRICT  
TRANSPORTATION REQUEST FORM CHILDCARE LOCATION 2017/18**

All residents of the Port Washington School District requesting transportation for before and/or after school childcare locations **MUST submit this application on or before JULY 24, 2017** in order to be eligible for the **2017/18 school year**. Transportation will be provided to:

1. A childcare location located within the attendance zone of the school the child attends.
2. A child day care center and/or school age child care program licensed or registered pursuant to section three hundred ninety (390) of the social services law located anywhere within the school district.

Instructions: Please answer all questions on the transportation request form and have the childcare provider also sign the form and return it in an envelope to the: Port Washington School District, 100 Campus Drive, Port Washington, NY 11050, **Attn: Transportation Office**, before **JULY 24, 2017**.

We strongly recommend that, if you are filing after **JULY 24, 2017**, you hand deliver the form to Campus Drive. Please submit **one form per student** requiring transportation. A letter will be sent out with the new transportation information once your form(s) has been received.

**Please note that without the signature of the childcare provider, we will not be able to provide childcare transportation.**

I hereby request transportation for my child under the district policy regarding transportation for before and/or after-school childcare locations.

Parent/Guardian Signature \_\_\_\_\_

Childcare Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

(application on reverse side)

**PORT WASHINGTON SCHOOL DISTRICT  
TRANSPORTATION REQUEST FORM CHILDCARE LOCATIONS 2017/18**

TRANSPORTATION REQUEST FORM 2017/18

(Please Print)

Student Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_

Town \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Business # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

School Attending \_\_\_\_\_ Grade as of September 2017 \_\_\_\_\_

\_\_\_\_\_  
Name of Childcare/Sitter Location \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_

Starting Date \_\_\_\_\_

AM ONLY \_\_\_\_\_ PM ONLY \_\_\_\_\_ AM & PM \_\_\_\_\_

Contact Person \_\_\_\_\_

**Please Note: We do not keep track of your child's schedule in the Transportation Office. The parent/guardian MUST notify the school's main office and teacher of your child's schedule.**

Additional Information and/or Comments: \_\_\_\_\_

\_\_\_\_\_  
Note: The parent/guardian is responsible to notify the Port Washington School District Transportation Office of any change to address and/or phone number or when transportation is no longer required.