

PORT WASHINGTON Union Free School District

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PORT WASHINGTON SCHOOL DISTRICT TRANSPORTATION REQUEST FORM CHILDCARE LOCATION 2019/20

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 26, 2019** in order to be eligible for the **2019/20 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 26, 2019**.

We strongly recommend that, if you are filing after **JULY 26, 2019**, 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 2019/20**

TRANSPORTATION REQUEST FORM 2019/20

(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 2019 _____

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.