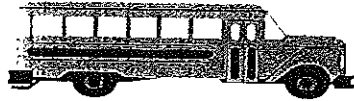


# REQUEST FOR TRANSPORTATION TO CERTIFIED DAY CARE FACILITY



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

**APRIL 1, 2010**

**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 2010 – 2011 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 2010)

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:

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Return to: **TRANSPORTATION DEPARTMENT**  
West Islip Public Schools  
100 Sherman Avenue  
West Islip, NY 11795 (Phone: 893-3300) (Fax: 893-3383)