



# PATCHOGUE MEDFORD SCHOOL DISTRICT



REQUEST FOR TRANSPORTATION TO A DAY-CARE PROVIDER

2020 - 2021

WITHIN THE ATTENDANCE ZONE

THIS APPLICATION MUST BE FILED WITH  
PATCHOGUE MEDFORD TRANSPORTATION OFFICE BY **APRIL 1, 2020**

To be completed whenever school bus service is required

Name of Student \_\_\_\_\_ D.O.B \_\_\_\_\_  
(Please Print)

School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_  
Town \_\_\_\_\_  
(Please Print)

Parents Name Mother \_\_\_\_\_  
Father \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Other # \_\_\_\_\_

I request that transportation be provided for my son / daughter to / from:

Day Care Providers Name \_\_\_\_\_

Day Care Providers Address \_\_\_\_\_

Day Care Providers Phone # \_\_\_\_\_

A.M. Days Requested Monday Tuesday Wednesday Thursday Friday  
(Please Circle)

P.M. Days Requested Monday Tuesday Wednesday Thursday Friday  
(Please Circle)

Closest Bus Stop \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

**\*\*TRANSPORTATION WILL START THREE SCHOOL DAYS AFTER THIS FORM IS RECEIVED**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Patchogue Medford Schools - Transportation Department  
121 Saxton Street, Patchogue, New York, 11772  
Phone 631- 687-6460 Fax 631-687-6469  
[transportation@pmschools.org](mailto:transportation@pmschools.org)