

**PATCHOGUE MEDFORD SCHOOL DISTRICT**  
REQUEST FOR TRANSPORTATION TO A DAY-CARE PROVIDER  
WITHIN THE ATTENDANCE ZONE



**2021 - 2022**



THIS APPLICATION MUST BE FILED WITH  
PATCHOGUE MEDFORD TRANSPORTATION OFFICE BY **APRIL 1, 2021**

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)