

PATCHOGUE-MEDFORD SCHOOL DISTRICT

REQUEST FOR TRANSPORTATION TO A DAY-CARE PROVIDER
WITHIN THE ATTENDANCE ZONE

2024 - 2025



THIS APPLICATION MUST BE FILED WITH
PATCHOGUE MEDFORD TRANSPORTATION OFFICE BY **APRIL 1, 2024**

To be completed whenever school bus service is required

Name of Student _____ D.O.B _____
(Please Print)

School _____ Grade _____

Home Address _____
Town _____
(Please Print)

Parent's Name _____

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
HAS BEEN APPROVED***

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

For Transportation Department Use Only

Transportation Approved: Denied: