

Suffolk Public Schools
Transportation Department
Student Transportation Information
(One student per form)

Date: _____

Child's Name: _____
Print Name

Physical Address: _____

Phone 1: _____ Phone 2: _____ Email: _____

2019-2020 Child's School: _____ 2019-2020 Grade: _____

My child **DOES NOT** need school bus transportation provided by Suffolk Public Schools.

AM PICK UP ONLY

PM DROP OFF ONLY

BOTH AM/PM

My child's bus stop is based on the in zone address listed above.

AM PICK UP ONLY

PM DROP OFF ONLY

BOTH AM/PM

My child's bus stop is based upon the in zone day care address listed below.

This **DOES NOT** guarantee a house stop for the location listed below. **If your child care provider is out of zone you will need to contact student services at 925-6750 and complete an out of zone waiver request.**

Day Care Provider's Name: _____

Day Care Provider's Address: _____

Day Care Provider's Phone Number: _____

AM PICK UP ONLY

PM DROP OFF ONLY

BOTH AM/PM

Parent Name _____ Parent Signature _____

Note: **Alternate transportation for childcare requires five (5) consecutive days (AM, PM or both) at the same location.** The childcare provider must be on Suffolk Public Schools approved provider list. This list may be found on the Suffolk Public Schools website or at your child's assigned school. Requests made after June 30th are received after our bus routing process has been initiated, it may be more difficult to accommodate your request for transportation. Please be mindful that requests require at least 5 business days for action by the Transportation Department.

FOR OFFICE USE ONLY: DATE RECEIVED _____