

# Miller Place Union Free School District

7 Memorial Drive, Miller Place, New York 11764-2036

Telephone: (631) 474-2700 x730

Fax: (631) 331-8832

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## CHILDCARE TRANSPORTATION REQUEST

20 \_\_\_\_ /20 \_\_\_\_ SCHOOL YEAR

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**This form must be filled out annually and submitted to the Transportation Department if your child(ren) requires transportation provided to a certified and/or licensed childcare provider within the boundaries of the Miller Place UFSD. Childcare transportation is available to students who are in Grades K-5 only.**

This form must be submitted to the District and is reviewed on a case-by-case basis. If approved, and there is no change to the new bus route/stop, and available room on the bus, then the student will be placed on one of the childcare bus routes.

For the safety of the student and in order to avoid confusion, only **two** locations will be permitted per student (childcare provider and parent home). Please remember all childcare stops are at designated bus stops only and your child(ren) is(are) only allowed to be transported to their designated bus stop. (**AMPS Only**: All students must be met at the bus stop or the student will be returned to the building unless a signed authorization is on file with the District.)

**Note:** Please use a **separate form for each child** that requires childcare transportation.

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Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

School Attending(Circle): LADSBS      AMPS      Grade: \_\_\_\_\_

Licensed Childcare Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Licensed Childcare Address: \_\_\_\_\_

Alternate Bus Stop Information: \_\_\_\_\_ Please call to discuss request(ext. 730).

Days requested:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ AM Only

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ PM Only

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ AM & PM

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I understand that my child will be transported to the childcare bus stops on the days indicated on this form. I also understand that my child not permitted to use childcare bus stops on days when he/she is not under the care and control of the above-named childcare provider.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Transportation \_\_\_\_\_ Building