

Miller Place Union Free School District

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

Telephone: (631) 474-2700 x730

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ANDREW MULLER PRIMARY SCHOOL BUS STOP DROPOFF WITHOUT PARENT(GUARDIAN) PRESENT 20____/20____ SCHOOL YEAR

This form must be filled out annually and submitted to the Transportation Department if your child(ren) will be dropped off at their **AMPS bus stop** without a parent(guardian) present.

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Parent or Guardian's Name: _____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Emergency Contact: _____ Phone: _____

I understand that my child will be dropped off at their bus stop as indicated on this form without a parent (guardian) present.

Parent (Guardian)'s Signature

Date

_____ Transportation _____ Building

Please note all students who require transportation provided to a certified and/or licensed childcare provider within the boundaries of the Miller Place Union Free School District must have a Childcare Transportation Request form on file.