2024/2025 SCHOOL YEAR

REQUEST FOR CHILDCARE TRANSPORTATION

SEAFORD UNION FREE SCHOOL DISTRICT

The following application is to be completed when a parent wishes his/her child to be picked up (before school) or dropped off (after school) at a location other than their residence. To receive this accommodation, the new location must be within the mileage guidelines for busing for the school and grade of the student. The usual reason for such requests is the provision of supervision by a "sitter" outside the home. Under no circumstances will the district provide transportation to a location outside its geographic boundaries. This form is to be renewed annually.

STUDENT'S NAME:				
PARENTS'S NAME:				
PHONE:	CELL:	WORK:		
SCHOOL 2024/2025:		GRADE 2024/25:		
CHILDCARE PROVIDER NAM	E:			
ADDRESS:				
PHONE:	CELL:	CELL:		
CHECK ONE: AM ONLY	PM ONLY	AM & PM		
BUS # & STOP: (to be comple	ted by Transportation Of	fice)		
	AFFIDAVIT			
transportation services for w	hich the student is not e	I is not motivated by a desire to receive ligible. It is understood that students are re not under the care and control of the		
Signed	Signed			
(Parent)		(Childcare Provider)		
Date	Date			
Notarized	Notarized	1		