



Caring & Learning

Rhonda L. Meserole, CPA

Assistant Superintendent for Business and Personnel

Dr. Marc Ferris
Superintendent of Schools

January 2025

Dear Parents/Guardians:

Please be advised that the Sayville School District will transport **elementary** or **middle school** children from the home of a caregiver to their respective school. However, the caregiver's residence must be eligible for transportation based upon the voter approved Transportation Policy. The policy is as follows:

| | |
|--------------|-------------------------------|
| Grades K – 5 | ½ mile or more from school |
| Grades 6 – 8 | 1 ½ miles or more from school |

Please be advised that caregiver transportation is only provided within the school attendance zone. The only time the District will transport outside of the school attendance zone is when the childcare location is licensed by the NYS Office of Children and Family Services.

In order for there to be no possibility for confusion, multiple caregivers at different addresses are not permitted. This is especially important when dealing with younger children who can be easily overwhelmed by revolving transportation schedules.

Attached to this letter is an application form. **You will note that for the 2025-26 school year, your child care provider is required to fill out a portion of this form. In addition, both the parent requesting child care transportation and the caregiver must sign and notarize this form.** Please complete the application form for the 2025-26 school year and return it to the Transportation Office, Administration Building, 99 Greeley Avenue, Sayville by **April 1, 2025**. Prior to the start of the new school year, we will send this form to the appropriate school so that your child's teacher and the main office staff are aware of these arrangements.

If at any time you need to change these arrangements, please contact the school directly. Should you have any questions, please feel free to contact the Transportation Office at (631) 244-6525.

Sincerely,

A handwritten signature in blue ink that reads 'Rhonda L. Meserole'. The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Rhonda L. Meserole, CPA
Assistant Superintendent

RLM:jmi

Sayville Public Schools

99 Greeley Avenue • Sayville, NY 11782 • 631-244-6525 or 631-244-6506 • FAX 631-218-6850

THIS APPLICATION MUST BE FILED BY APRIL 1st OF EACH YEAR THAT YOU ARE REQUESTING TRANSPORTATION

TO: PARENT/GUARDIAN

FROM: TRANSPORTATION OFFICE

RE: CHILD CARE TRANSPORTATION REQUEST FOR GRADES K-8 ONLY
(CHILD CARE IS NOT PROVIDED FOR HIGH SCHOOL STUDENTS)

In order to process your request for child care transportation for your child _____

Who is in grade _____ to &/or from _____ School

For the 20____/20____ school year, you must certify that your child needs transportation to &/or from the existing bus stop closest to the child care provider's residence or facility (eligible address) which will be assigned by the Transportation office.

I _____ certify that I reside at _____
(PARENT/GUARDIAN) (ADDRESS)

During regular school hours I am presently employed at

(NAME) (ADDRESS) (TELEPHONE NUMBER)

I also certify that

_____ residing at _____
(CHILD CARE PROVIDER) (ADDRESS) (TELEPHONE NUMBER)

Provides child care service for my child as follows

_____ AM _____ PM _____
(DAYS) (TIMES)

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OFFICE USE ONLY:

AM

PM

BUS # _____ STOP _____ BUS # _____ STOP _____

START DATE: _____

IN ORDER TO PROCESS YOUR APPLICATION FOR CHILD CARE EACH OF THE FOLLOWING SECTIONS MUST BE NOTARIZED:

PARENT/GUARDIAN CERTIFICATION

STATE OF NEW YORK)
COUNTY OF SUFFOLK) s.s.:

I, _____, being duly sworn, deposes and says:
(PARENT/GUARDIAN NAME)

1. I am the _____ of _____.
(RELATIONSHIP TO CHILD) (NAME OF CHILD)
2. I attest that to the best of my knowledge the aforementioned statements and information provided in my request for child care transportation are true, and I am aware that fraudulent statements or claims may be prosecuted to the fullest extent of the law.

(SIGNATURE – MUST SIGN IN FRONT OF NOTARY)

(DATE)

Sworn to before me this _____
day of _____, 20____

NOTARY PUBLIC

CHILD CARE PROVIDER CERTIFICATION

STATE OF NEW YORK)
COUNTY OF SUFFOLK) s.s.:

I, _____, being duly sworn, deposes and says:
(CHILD CARE PROVIDER NAME)

1. I am presently providing child care service for _____ at my home/facility.
(NAME OF CHILD)
2. I attest that to the best of my knowledge the aforementioned statements and information provided in the request for child care transportation are true, and I am aware that fraudulent statements or claims may be prosecuted to the fullest extent of the law.

(SIGNATURE – MUST SIGN IN FRONT OF NOTARY)

(DATE)

Sworn to before me this _____
day of _____, 20____

NOTARY PUBLIC