



Mattituck-Cutchoque UFSD Child Care Transportation Form

Student's Name: _____ Grade: _____

Address: _____

Regular Bus Number: _____ Requested Date to Begin: _____

ALL CHANGES TAKE APPROXIMATELY 3 DAYS TO BE PUT INTO EFFECT

Childcare arrangements must be made in advance; the Transportation Office will need 3 school days to process request. Approval will be given only if seating is available. All childcare arrangements must be renewed each school year.

School Board Policy States: Students may be transported from one designated location in the am and to one designated location in the pm (i.e.: the designated am and pm locations may be different but must be the same every day).

AM

Child Care Provider Name: _____

Address: _____ Phone: _____

Child Care Provider's Signature: _____

PM

Child Care Provider Name: _____

Address: _____ Phone: _____

Child Care Provider's Signature: _____

Parent/Guardian Signature: _____

To be completed by Transportation Office:

Accept: _____ Refuse: _____ AM Bus Number: _____ PM Bus Number _____

AM Bus Stop Location: _____ Approx. Time: _____

PM Bus Stop Location: _____ Approx. Time: _____