

Suffolk Public Schools
Transportation Department
Student Transportation Information
(One student per form)

Date: _____

Child's Name: _____
Print Name

Physical Address: _____

Phone 1: _____ Email: _____

Child's School: _____ Grade: _____

My child **DOES NOT** need school bus transportation provided by Suffolk Public Schools.

My **WILL NEED** transportation based on the in zone physical address listed above.

AM PICK UP ONLY **PM DROP OFF ONLY** **BOTH AM/PM**

My child's bus stop is based upon the in zone day care address listed below.

This **DOES NOT** guarantee a house stop for the location listed below. **If your child care provider is out of zone for your homebased school, you will need to contact student services at 925-6750 and complete an out of zone waiver request. Please refer to the school zone locator on the Suffolk Public Schools website for zone locations.**

Day Care Provider's Name: _____

Day Care Provider's Address: _____

Day Care Provider's Phone Number: _____

AM PICK UP ONLY **PM DROP OFF ONLY** **BOTH AM/PM**

Parent Name _____ Parent Signature _____

Note: **Alternate transportation for childcare requires five (5) consecutive days (AM, PM or both) at the same location.** The childcare provider must be on Suffolk Public Schools approved provider list. This list may be found on the Suffolk Public Schools website or at your child's assigned school. Requests made after June 30th are received after our bus routing process has been initiated, it may be more difficult to accommodate your request for transportation. Please be mindful that requests require at least 5 business days for action by the Transportation Department.

FOR OFFICE USE ONLY: DATE RECEIVED _____