

Port Jefferson School District Request for Transportation

Edna Louise Spear Elementary School
500 Scraggy Hill Road
Port Jefferson, N.Y. 11777

Port Jefferson Middle School
350 Old Post Road
Port Jefferson, N.Y. 11777

Family Name: _____

TRANSPORTATION REQUEST

****LIFEFES BEFORE AND/OR AFTER SCHOOL CARE ****

2017-18 SCHOOL YEAR

Student's Name	DOB	Grade

DAYS ATTENDING:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Address: _____

Telephone: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Cell: _____ Alternate Contact/Phone: _____