

# PORT JEFFERSON SCHOOL DISTRICT

TRANSPORTATION OFFICE  
550 SCRAGGY HILL ROAD  
PORT JEFFERSON, NEW YORK 11777

**2017-18**

DATE: \_\_\_\_\_

TRANSPORTATION FOR THE COMING YEAR IS REQUIRED FOR MY CHILD.

\_\_\_\_\_  
(STUDENT'S NAME) D.O.B. \_\_\_\_\_

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(TOWN)

\_\_\_\_\_, WHO WILL BE ASSIGNED TO \_\_\_\_\_ GRADE,

\_\_\_\_\_  
(NAME OF SCHOOL)

\_\_\_\_\_  
(ADDRESS OF SCHOOL)

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ SCHOOL DAY HOURS: \_\_\_\_\_

THE DISTANCE FROM MY HOME TO THE SCHOOL IS \_\_\_\_\_ MILES.

PARENT OR GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

PLEASE COMPLETE AND RETURN TO THE TRANSPORTATION OFFICE (ADDRESS ABOVE) BY APRIL 1, 2017 IF TRANSPORTATION WILL BE REQUIRED FOR THE 2017-18 SCHOOL YEAR. YOU MUST COMPLETE ONE FORM FOR EACH CHILD.