

PORT JEFFERSON SCHOOL DISTRICT

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

2018-19

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, 2018 IF TRANSPORTATION WILL BE REQUIRED FOR THE 2018-19 SCHOOL YEAR. YOU MUST COMPLETE ONE FORM FOR EACH CHILD.