



EASTPORT-SOUTH MANOR CENTRAL SCHOOL DISTRICT  
 Transportation Department  
 149 Dayton Avenue  
 Manorville, NY 11949  
 Ph: (631) 801-3009 Fax: (631) 874-6750

Dear Parent/Guardian:

You must complete this form if your child **will not** be picked up or dropped off at your home address before or after school. In order to process your request, we need the name, address and phone number of your before or after school day care provider so that we may attempt to secure a seat for your child on one of our bus routes. You must return this completed form to the Transportation Department **no later than April 1, 2019** so that we have an appropriate amount of time to process your request for the upcoming school year. Incomplete forms will be rejected.

These requests are considered by the District on a first-come, first-serve basis. Any request not received by the District by April 1, 2019 **may not** be processed by the first day of school. Due to limited seat space on our buses, not all requests can be honored. When appropriate, the District will establish waiting lists.

The District provides all bus drivers with approved student rosters. Bus drivers **are not** permitted to let any student on their bus that is not on their official student roster. Only one alternative drop off location permitted per student. Please **do not** detach the portion below (beneath the dotted line).

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**Transportation for Before & After School Day Care/Alternative Drop Off (for the 19/20 school year)**

School Attending (for the 19/20 school year): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade in 19/20: \_\_\_\_\_

AM Day Care Pick-up location on these days: MON. TUES. WED. THURS. FRI. (please circle the days of the week)

Name of AM Day Care Provider: \_\_\_\_\_

Address of AM Day Care Provider: \_\_\_\_\_  
 \_\_\_\_\_ Telephone No: \_\_\_\_\_

PM Day Care Drop-off location on these days: MON. TUES. WED. THURS. FRI. (please circle the days of the week)

Name of PM Day Care Provider: \_\_\_\_\_

Address of PM Day Care Provider: \_\_\_\_\_  
 \_\_\_\_\_ Telephone No: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use ONLY:  
 Transportation Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Bus: \_\_\_\_\_