

BABYLON UNION FREE SCHOOL DISTRICT
50 Railroad Avenue
Babylon, New York 11702
631-893-7915
FAX 631-893-7938

TO: Parent/Guardian

FROM: Transportation Office

Re: Child Care Transportation

In order to process your request for transportation for your child _____ who is in grade _____ to &/or from the _____ School for the 20____ - 20____ school year, you must certify below that your child needs transportation to &/or from the existing bus stop closest to the child care provider's residence or facility (eligible address) which will be assigned by the Transportation Office. EACH OF THE FOLLOWING SECTIONS MUST BE SO NOTARIZED:

A. I, _____ certify that I reside at
Parent/Guardian
_____ and am presently employed at
_____ during
Name/Address/Telephone Number
regular school hours. I also certify that _____
Child Care Provider
residing at _____ provides child
Address/Telephone Number
care services for my child as follows: _____
Days and times
Presently, my child walks or uses the _____ BUS
STOP: _____ and I am requesting
transportation on the _____ BUS STOP: _____.

