

SOUTHOLD UNION FREE SCHOOL DISTRICT TRANSPORTATION REQUEST/CHANGE

(One per family per school site)

OFFICE/PARENT-- Complete this form to request transportation for new student or to request a change in transportation due to an address change or child care arrangements. **All Transportation changes require 7 days to process.** Please fax all requests to (631)765-4157 or scan and email to ccampos@southholdufsd.com

New Student Moved Child Care Change One Day Change

School Site (one only) Kindergarten 1-6 Elementary 7-12 Jr-Sr HS

Child's (ren's) Last Name _____
 First Name _____ Grade _____
 First Name _____ Grade _____
 First Name _____ Grade _____

Day(s) for change: Monday____ Tuesday____ Wednesday____ Thursday____ Friday____

Home Address _____

Corner/Cross Street(s) _____

Parent/Guardian	Phone Number	Date of Request	Start Date	End Date

Child Care: (within District) _____ Pick Up _____ Drop Off

Provider's Name: _____

Address: _____

Additional Notes: _____

Office Use Only

Phone Request Parent Requests Call Back One Day Change Only

Bus Pick Up _____ Bus # _____ Time: A.M. _____ P.M. _____

Bus Drop Off _____ Bus # _____ Time: A.M. _____ P.M. _____

Processed Copy to New Driver _____
 Copy to Former Driver _____
 Copy to Elementary _____

Approved/Denied _____ Date _____