Dear Parents/Guardians:

Please be advised that the Sayville School District will transport elementary or middle school children from the home of a caregiver to their respective school. However, the caregiver’s residence must be eligible for transportation based upon the voter approved Transportation Policy. The policy is as follows:

- Grades K – 5: ½ mile or more from school
- Grades 6 – 8: 1 ½ miles or more from school

Please be advised that caregiver transportation is only provided within the school attendance zone. The only time the District will transport outside of the school attendance zone is when the childcare location is licensed by the NYS Office of Children and Family Services.

In order for there to be no possibility for confusion, multiple caregivers at different addresses are not permitted. This is especially important when dealing with younger children who can be easily overwhelmed by revolving transportation schedules.

Attached to this letter is an application form. You will note that for the 2022-23 school year, your child care provider is required to fill out a portion of this form. In addition, both the parent requesting child care transportation and the care giver must sign and notarize this form. Please complete the application form for the 2022-23 school year and return it to the Transportation Office, Administration Building, 99 Greeley Avenue, Sayville by April 1, 2022. Upon receipt, we will send this form to the appropriate school so that your child’s teacher and the main office staff are aware of these arrangements.

If at any time you need to change these arrangements, please contact the school directly. Should you have any questions, please feel free to contact the Transportation Office at (631) 244-6525.

Sincerely,

[Signature]

Dr. Sam Gergis
Assistant Superintendent
THIS APPLICATION MUST BE FILED BY APRIL 1st OF EACH YEAR THAT YOU ARE REQUESTING TRANSPORTATION

TO: PARENT/GUARDIAN

FROM: TRANSPORTATION OFFICE

RE: CHILD CARE TRANSPORTATION REQUEST FOR GRADES K–8 ONLY
(CHILD CARE IS NOT PROVIDED FOR HIGH SCHOOL STUDENTS)

In order to process your request for child care transportation for your child ______________________
Who is in grade ____________ to &/or from ______________________ School

For the 20___/20____ school year, you must certify 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.

I ______________________ certify that I reside at ______________________
(PARENT/GUARDIAN) (ADDRESS)

During regular school hours I am presently employed at

______________________________
(NAME) (ADDRESS) (TELEPHONE NUMBER)

I also certify that

______________________________ residing at ______________________
(CHILD CARE PROVIDER) (ADDRESS) (TELEPHONE NUMBER)

Provides child care service for my child as follows

______________________________ AM ______________ PM ______________
(DAYS) (TIMES)

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OFFICE USE ONLY:

AM PM

BUS # ______ STOP ______________ BUS # ______ STOP ______________

START DATE: ______________________
IN ORDER TO PROCESS YOUR APPLICATION FOR CHILD CARE EACH OF THE FOLLOWING SECTIONS
MUST BE NOTARIZED:

PARENT/GUARDIAN CERTIFICATION

STATE OF NEW YORK    )
COUNTY OF SUFFOLK    ) s.s.:

I, ____________________________, being duly sworn, deposes and says:

(PARENT/GUARDIAN NAME)

1. I am the ___________________________ of ___________________________.
   (RELATIONSHIP TO CHILD)           (NAME OF CHILD)

2. I attest that to the best of my knowledge the aforementioned statements and information
   provided in my request for child care transportation are true, and I am aware that fraudulent
   statements or claims may be prosecuted to the fullest extent of the law.

_____________________________  ___________________________
(SIGNATURE – MUST SIGN IN FRONT OF NOTARY)                (DATE)

Sworn to before me this __________

day of ______________________, 20__

_____________________________
NOTARY PUBLIC

_____________________________

CHILD CARE PROVIDER CERTIFICATION

STATE OF NEW YORK    )
COUNTY OF SUFFOLK    ) s.s.:

I, ____________________________, being duly sworn, deposes and says:

(CHILD CARE PROVIDER NAME)

1. I am presently providing child care service for __________________________ at my home/facility.
   (NAME OF CHILD)

2. I attest that to the best of my knowledge the aforementioned statements and information
   provided in the request for child care transportation are true, and I am aware that fraudulent
   statements or claims may be prosecuted to the fullest extent of the law.

_____________________________  ___________________________
(SIGNATURE – MUST SIGN IN FRONT OF NOTARY)                (DATE)

Sworn to before me this __________

day of ______________________, 20__

_____________________________
NOTARY PUBLIC