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 2021-22 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 caregiver must sign and notarize this form. Please complete the application form for the 2021-22 school year and return it to the Transportation Office, Administration Building, 99 Greeley Avenue, Sayville by April 1, 2021. Upon receipt, we will FAX 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,

John J. Belmonte
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)

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:

(CHAILD 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