

**HUNTINGTON UNION FREE SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
Phone 631-673-2032 (Fax) 631-673-6741**

**BUS STOP CHANGE REQUEST FORM  
FOR CHILD CARE  
2020 – 2021**

1. Complete this form for requests requiring a change in transportation due to child care arrangements.
2. Changes to current stop **must** be within your child's current school zone
3. Send a copy of the completed form to both your child's school **and** the transportation department.
4. The district **does not** make house stops for child care.
5. Please be reminded kindergarten students must be met by a parent or guardian or they will be returned to school.

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Route # \_\_\_\_\_ Bus Stop \_\_\_\_\_

**CHILD CARE PROVIDER:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

**CHILD CARE REQUIREMENTS:**

**Check all that apply:**

- |                                    |                                      |  |                                   |                                 |
|------------------------------------|--------------------------------------|--|-----------------------------------|---------------------------------|
| <input type="checkbox"/> To School | <input type="checkbox"/> From School | <input type="checkbox"/> Both to and from school |                                   |                                 |
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Tuesday     | <input type="checkbox"/> Wednesday               | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**START DATE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**BUS ROUTE#** \_\_\_\_\_

**CHILD CARE BUS STOP** \_\_\_\_\_