SMITHTOWN CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT

2024-2025
BABYSITTER STOP REQUEST FORM

D`YUgY Wcad`YhY h\]g Zcfa Zcf `cb[ hYfa W\Ub[Yg cb`m.

SCHOOL:_____

STUDENT NAME:_____

ASSIGNED BUS #_____

ASSIGNED BUS STOP:_____

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REQUESTED: BUS # _____ AM   BUS #_____ PM

REQUESTED BUS STOP:

AM:_____
fl9 I]gh]b[ghcd cb`mŁ

PM:_____ _____
fl9 I]gh]b[Ghcd Cb`mŁ

CIRCLE DAYS REQUESTED   *AcbXUm   HiYgXUm   KYXbYgXUm   H\ifgXUm   :f]XUm*

BABY SITTER INFO:

Name and telephone number:_____