

SMITHTOWN CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT



2024-2025
BABYSITTER STOP REQUEST FORM

D`YUgY Wc a d`YhY h \]g Zcfa Zcf `cb[hYfa W \Ub[Yg cb`m"

SCHOOL: _____

STUDENT NAME: _____

ASSIGNED BUS # _____

ASSIGNED BUS STOP: _____

REQUESTED: BUS # _____ AM BUS # _____ PM

REQUESTED BUS STOP:

AM: _____

f19 I]gh]b[ghcd cb`mł

PM: _____

f19 I]gh]b[Ghcd Cb`mł

CIRCLE DAYS REQUESTED *AcbXUm* *HiYgXUm* *KYXbYgXUm* *H\ i fgXUm* *:fjXUm*

BABY SITTER INFO:

Name and telephone number: _____