

HICKSVILLE PUBLIC SCHOOLS  
TRANSPORTATION DEPARTMENT  
200 DIVISION AVENUE  
HICKSVILLE, NY 11801-4800

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(516) 733-2185 - FAX # (516) 937-0744

STATEMENT FROM PARENT CONCERNING CHILD CARE  
TRANSPORTATION FOR THE 2023-24 SY

Transportation may be provided to a residential child care provider if the following criteria are met:

- 1) Per New York State Education Department Section 3635(1)(e) of Education Law - Authorizing a Board of Education, at its discretion, to provide transportation between school and a child care location, for children in grades K-8, for request, that are submitted no later than April 1, 2023 preceding the next school year.
- 2) The child care provider must reside within the transportation zone of your child's school and be eligible for transportation per the district's guidelines.
- 3) If requesting an alternate route from your child's school, seats on alternate bus must be available.

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_, New York, which is within the Hicksville UFSD, hereby certify  
to the following provision for the transportation of my son/daughter

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

I further understand that the bus stops for pick-up and drop off will be the same each day and will be on the route of the sitter's residence.  
I further understand that the sitter will be home to greet my child when he/ she exits the school bus.  
I will notify the sitter whenever my child will not be attending school.

Sworn before me this \_\_\_\_\_, day of \_\_\_\_\_ 20\_\_\_\_\_

NOTARY \_\_\_\_\_  
NOTARY SEAL \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_  
PARENT TELEPHONE # \_\_\_\_\_

AM \_\_\_\_\_ or PM \_\_\_\_\_ BUS STOP \_\_\_\_\_ BUS# \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_ Telephone # \_\_\_\_\_

I will be acting as a parent status in reference to \_\_\_\_\_

During the hours of: \_\_\_\_\_ AM \_\_\_\_\_ PM of the school year 20 \_\_\_\_\_ 20 \_\_\_\_\_

Sworn before me this \_\_\_\_\_, day of \_\_\_\_\_ 20\_\_\_\_\_

NOTARY \_\_\_\_\_  
NOTARY SEAL \_\_\_\_\_ CHILD CARE PROVIDER SIGNATURE \_\_\_\_\_