

MARLBORO CENTRAL SCHOOL DISTRICT

21 Milton Turnpike, Suite 100
Milton, New York 12547

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Patrick Witherow
Director of Business & Finance
(845) 236-5803
FAX (845) 795-5903
e-mail: Patrick.witherow@marlboroschools.org

June 23, 2014

Re: 2014-2015 Student Transportation

Dear Parents:

I hope this communication finds everyone well. We understand this is a busy time of year for everyone and we appreciate your interest in your child's education. The Marlboro Central School District has been experiencing financial difficulties relating to the bankruptcy of the Dynegy power plants. This financial situation has forced the district to look for areas of cost reduction that have minimal impact on our educational program. A significant change in transportation practice/procedure will be implemented in the 2014-2015 school year.

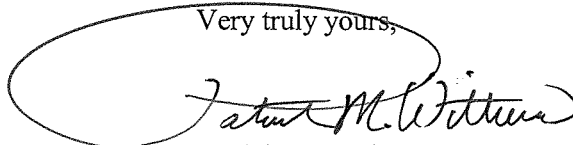
In order to improve safety and efficiency, while reducing cost, the Marlboro Central School District will no longer be transporting students from/to varying bus stop locations (library, dance, work, etc.). Starting in the fall of 2014 students will be picked up at one constant location and dropped off at one constant location. These locations do not have to be the same location, but they will not change on any regular basis.

Enclosed is a babysitter transportation request form that will need to be completed if your student's pick-up and/or drop off location will be different from your home address. If we do not receive a completed form by August 1, 2014 your students pick up and drop off location will be their home address on file with the district.

The Marlboro Central School District is allowing an alternate transportation address on a FIVE DAY PER WEEK BASIS ONLY. A change in the babysitter address can be requested. Such requests must be received FIVE days prior to the change and only THREE changes per year will be processed. The change request will be honored as a permanent change (temporary changes will NOT be permitted) in pick-up/drop off location, to accommodate situations where your child's babysitter has been changed. If we do not receive your form by August 1, 2014, and you submit a late form with an alternate location, that change will count as one of the three allowable changes for the school year.

We thank you in advance for your understanding of our endeavors to improve student safety and reduce costs without impacting the educational program of your child. Please see the back for addresses to mail, fax, or email your form to the district or bus company.

Very truly yours,

A handwritten signature in black ink, appearing to read "Patrick M. Witherow", is written over a large, loopy oval-shaped flourish.

Patrick M. Witherow
Director of Business and Finance

Marlboro Elementary School
1380 Route 9W
Marlboro, NY 12542
Fax#: 845-236-1639

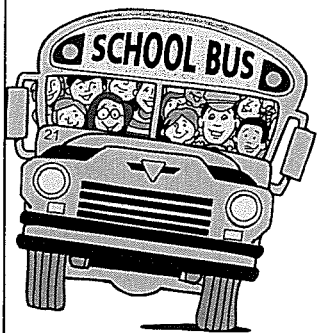
Marlboro Middle School
1375 Route 9W
Marlboro, NY 12542
Fax#: 845-236-3634

Marlboro High School
50 Cross Road
Marlboro, NY 12542
Fax#: 845-236-2638

George M. Carroll
2510 Route 9W
Newburgh, NY 12550
Fax#: 845-565-3319

E-mail – MCSD.TRANSPORTATION@marlboroschools.org

Please Fax or Mail your completed babysitter form to your child's school or George M. Carroll; or email the form to the district transportation email address.



MARLBORO CENTRAL SCHOOL DISTRICT

Babysitter Form

Phone: 845-236-5803

E-mail - MCS.D.TRANSPORTATION@marlboroschools.org



This form authorizes parental permission for students to be transported to and from an alternate location, other than the student's home address. This form must be completed and submitted to your child's school or George M. Carroll.

STUDENT'S NAME: _____

SCHOOL/GRADE 2014/2105: _____

HOME ADDRESS: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emerg. Phone: _____

Marlboro CSD allows an alternate transportation address on a FIVE DAY PER WEEK BASIS ONLY. No more than three changes per year will be processed.

PLEASE INDICATE YOUR SITTER CHOICE BELOW

☐ A.M. (Trip to School) ☐ P.M. (Trip from School) ☐ Both Trips

Please fill in the following pertinent babysitter information:

BABYSITTER NAME: _____

ADDRESS: _____

TELEPHONE: _____

(845) _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____ (Please Print)

Date: _____

This form constitutes a public document. Individuals completing this form are advised that the information provided herein must be accurate and true in all respects since the Marlboro Central School District ("the District") will rely on the statements made herein. Any false statements made herein are punishable in accordance with New York Penal Law.