

PRIVATE SCHOOL TRANSPORTATION FORM FOR SOUTH COUNTRY CSD

TRANSPORTATION REQUEST FOR 2012-2013

My child resides in the South Country Central School District. In accordance with the laws of the State of New York, I hereby formally request transportation for my son/ daughter to:

NAME OF SCHOOL

SCHOOL HOURS

ADDRESS OF SCHOOL

SCHOOL'S PHONE #

CITY STATE ZIP CODE

TODAY'S DATE

In addition, I hereby notify you that I have authorized the Principal of the above mentioned school to act as my representation in requesting transportation this coming year. The authorization is valid until revoked.

PARENT OR GUARDIAN SIGNATURE

PHONE NUMBER

EMERGENCY CONTACT

EMERGENCY PHONE #

STUDENT INFORMATION

PUPIL'S NAME

DATE OF BIRTH GRADE

ADDRESS

NEAREST CROSS STREET

CITY STATE ZIP CODE

LAST YEAR'S BUS STOP

IMPORTANT: Requests must be made in writing and be in our transportation office prior to April 1st. FAILURE TO COMPLY MAY MEAN DENIAL OF TRANSPORTATION. DO NOT RETURN THIS FORM TO THE SCHOOL.

Requests received after April 1st must have a letter explaining the reason for applying for transportation late and are subject to availability of room on the bus.

ALL KINDERGARTEN REQUESTS MUST BE ACCOMPANIED BY A COPY OF THEIR BIRTH CERTIFICATE.

A SEPARATE REQUEST FORM IS NECESSARY FOR EACH CHILD.

MAIL FORMS TO MONTAUK BUS- 3601 Horseblock Road, Medford, NY 11763 Attn: Melissa.