

**SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT
DEPARTMENT OF TRANSPORTATION
623 WESTERN HIGHWAY
BLAUVELT, NEW YORK 10913
845 680 1662 (FAX) 845 680 1972**

2012 – 2013 SCHOOL YEAR

Request for Transportation to Private/Parochial School *

Form must be received by the Transportation Department by April 1st of attending school year. The district will adhere to and enforce this cut-off date and cannot guaranty transportation if form is received after April 1st.

*****Proof of residency must be provided. (i.e. Copy of O&R, Water, Tax or Phone Bill)***

Student Name: _____

Address: _____

City, State: _____ Zip: _____

Daytime Phone: _____ Emergency #: _____

Age (must have proof child is at least 5 years old by Dec 1st of school year): _____

Date of birth: _____ Present grade: _____

School Presently Attending: _____

Private/Parochial School: _____

School Address: _____

School Phone #: _____ First day of school: _____

Time classes begin: _____ Dismissal time: _____

Signature of Parent/Guardian

Date

****School to which student requests transportation MUST be within 15 miles of the child's residence.***

FOR OFFICE USE ONLY

Form Received By:

Date:

Mileage from Student's home to Private/Parochial school: _____