

SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT

REGISTRATION DEPARTMENT

160 Van Wyck Rd, Blauvelt, NY, 10913

845-680- 1137 Fax: 845 680 1049

Request for Transportation to Private School *

Form must be received by the *Registration Department* by **April 1st** of the 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. (e.g. lease, proof of ownership/deed, mortgage statement, statement from third party, etc.)***

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

Student Name: _____

Address: _____

City, State: _____ Zip: _____

Mother's Full Name & Daytime Phone: _____

Father's Full Name & Daytime Phone: _____

Guardian Email: _____

Emergency #: _____

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

Gender: Male Female Ethnicity: _____

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

FOR OFFICE USE ONLY

Form Received By: _____

Date: _____

Mileage from Student's home to Private School: _____