
Date

School Year (YYYY-YYYY)

Valley Central School District (VCSD)
Non Public School Transportation Request
(A completed form is required for each student)

Return To: Valley Central School District, Business Office
944 State Route 17K, Montgomery NY 12549

457-2400 Ext.18122
457-4254 Fax

In accordance with the laws of the State of New York, I _____
Please Print Full Name of Parent or Guardian

request transportation for the following student for the upcoming school year. I understand that if I am a
current resident of VCSD I must submit this request no later than April 1 and if the request is received
by VCSD after the April1 deadline transportation may not be provided by VCSD.

In addition, I am authorizing the principal of the school listed (or his/her successor in that
position) to be my representative in requesting transportation for my child. This authorization remains in
effect for the school year listed above.

Student

Date Moved to District (MM/YYYY)

Street Address

City/Town

Grade in September

Age

Date of Birth

Please Attach Proof of Residency for Each Student
(Acceptable proof of residency is a copy of either a school tax bill or rental/lease agreement
& a copy of a current utility bill)

Non Public School Requested

Principal

Street Address

Phone

City/Town

Fax

Signature of Parent or Guardian

Home Phone

Work Phone