

MIDDLETOWN SCHOOL DISTRICT

Request for Transport – Parochial/Private Schools

Date of Application: _____ School Year: 2015-2016
This form must be received by Mid-City Transit Corp. no later than April 1ST every year for the coming school year.

Student Details:

Name: _____

Address: _____

School Name: { } Harmony Christian { } Chapel Field
{ } Middletown Christian { } John S. Burke
{ } Mount Carmel { } St Johns
{ } New Beginnings { } Montgomery
Montessori

Parent's/Guardian's Details:

Name: _____

Home Phone #: _____

Work Phone#: _____

Cell Phone #: _____

Emergency Phone #: _____

Grade for 2015-2016 School Year: _____ Middletown School District Student ID # _____
(if known)

Student Date of Birth : _____

Mailing Address: _____

Complete mailing address is required so we can mail a postcard with bussing information to you before the start of the next school year.

Parent/Guardian Signature: _____

Rules for transport to Parochial/Private Schools:

1. Transportation is provided only to students who reside within the Enlarged City School District of Middletown
2. Submitting this request does not guarantee transportation. Final decision will be made by the Transportation Department of The Enlarged School District of Middletown.
3. Transportation is not available for student's residing less than 1 mile from their school of attendance.
4. This request remains effective for the school year. Mid-City Transit must be notified of any changes.
5. All kindergarten students must be met at their bus stop daily by a responsible adult.
6. Provision for transport to/from child care can be made on a separate request form, to be submitted to Mid-City Transit Corp.

Submit form to:

Mid-City Transit Corp.
P.O. Box 202
Middletown, NY 10940
FAX: 845-343-7717