

WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

APPLICATION FOR TRANSPORTATION

Based Upon Section 3635 of the Education Law for Transportation
Requests for Transportation Must Be Made **BY MARCH 31ST**

I HEREBY REQUEST TRANSPORTATION FOR THE 2015/2016 SCHOOL YEAR FOR MY CHILD NAMED BELOW:

Name of Pupil _____ DOB _____ Sex _____

Ethnicity _____ White (not Hispanic) _____ Black (not Hispanic) _____ Hispanic _____ Asian (Pacific Islander) _____ American Indian (Alaskan Native)

Street Address _____
(or actual location of residence / closest intersection)

Names of Parents/Guardians _____

Mailing Address _____

Home # _____ Work # _____ Cell # _____

E-Mail _____

Emergency Contact: Name _____ Phone _____

School Attended 2014-15 _____

PROOF OF RESIDENCY REQUIRED – TAX BILL/UTILITY BILL OR LEASE AGREEMENT.

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NAME OF SCHOOL (PRIVATE/PAROCHIAL) TO WHICH TRANSPORTATION IS REQUESTED FOR 2015-16:

SCHOOL _____ GRADE _____

ADDRESS _____

NOTE: FOR CHILDREN ENTERING KINDERGARTEN, A COPY OF A BIRTH CERTIFICATE MUST ACCOMPANY THIS FORM. CHILD MUST BE FIVE YEARS OF AGE BY DECEMBER 1ST.

DATE

SIGNATURE OF PARENT/GUARDIAN

**Please return completed form as soon as possible to:
Supervisor of Transportation
Washingtonville Central School District
50 West Main Street
Washingtonville, New York 10992
NOTE: PLEASE USE A SEPARATE FORM FOR EACH CHILD
*Forms will not be accepted without proof of residency***