REQUEST FOR PRIVATE/PAROCHIAL SCHOOL TRANSPORTATION

 First-time request for private/parochial tr Change of address must be accompanied Complete Registration Form 	ansportation must be accompanied by two proofs of residency. by two proofs of residency documents.
Date:	
School District – Spackenkill Union Free School	District
City or Town	
In accordance with the Laws of the State of Nev	w York, I hereby formally request transportation for:
Name of Pupil:	
(Please print stud	lent's name)
To School:	
	(County)
during the coming scholastic year on all days th	nis school is in session. The student for whom I am requesting
transportation isyears	of age, will enter grade in September and resides at
	Phone number
Student's Date of Birth:	(New applicants must supply proof of age and residency)
In addition to making this request directly, I wis	sh to inform you that I have authorized the Principal of
	School, or his/her successor in that position to be my representative in
requesting transportation for my child/children	•
Parent/	/Guardian Signature
(Please fill out individual request forms for each	ı child.)
In accordance with the Education Law, this form	n must be filed with school authorities no later than
April 1 st	