REQUEST FOR PRIVATE/PAROCHIAL SCHOOL TRANSPORTATION

	mpanied by two proofs of residency	mpanied by two proofs of residency. / documents.
Date:		
School District – Spackenkill Union Fre	e School District	
City or Town		
Gentlemen: In accordance with the Laws of the Sta	te of New York, I herby formally r	equest transportation for:
Name of Pupil:	print pupils name)	
To School:		(County)
during the coming scholastic year on al	l days this school is in session. Th	ne pupil for whom I am requesting
transportation is	years of age, will enter	grade in September and resides at
	Phone number	
Student's Date of Birth:	(New applicants must su	pply proof of age and residency)
In addition to making this request direc	tly, I wish to inform you that I hav	ve authorized the Principal of
School, or his/her successor in that position to be my		
representative in requesting transporta	ition for my child/children.	

Parent/Guardian Signature

(Please fill out individual request forms for each child.)

In accordance with the Education Law, this form must be filed with school authorities no later than **April 1**st.