

REQUEST FOR TRANSPORTATION FOR
NON – PUBLIC SCHOOLS

YORKTOWN CENTRAL SCHOOL DISTRICT
TRANSPORTATION OFFICE
2729 CROMPOND RD
YORKTOWN HTS N.Y. 10598

DATE _____

Ladies and Gentlemen:

In accordance with the laws of the State of New York, I hereby formally request transportation for:

(Name Of student(s))

To _____
(Name of School)

(School Address & Phone Number)

(SCHOOL HOURS)

During the coming scholastic year on all days this school is in session. The student for whom I am requesting transportation is _____ years of age, will enter the _____ grade in September and resides at

(Address of student)

(Home phone number)

In addition to making this request, I wish to inform you that I have authorized the principal of the school named above, or successor in that position to be my representative in requesting transportation for my child. This authorization shall remain effective while I have my child in attendance at this school or unless I expressly revoke this request.

(Signature of Parent or Guardian)

Note: Return form to transportation office in the school district by April 1st