

TRANSPORTATION REQUEST

DUE BY APRIL 1, 2007 FOR 2007-2008 SCHOOL YEAR

PAWLING CENTRAL SCHOOL DISTRICT

178 OLD ROUTE 55

TEL: 845-855-4640

TO: PAWLING CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

POUGHQUAG, NEW YORK 12570

FAX: 845-855-4648

DATE: _____

FROM: _____ ADDRESS _____
PARENT/GUARDIAN

TELEPHONE NO: _____

EMERGENCY TEL. NO: _____ ALTERNATE TEL. NO: _____

Child resides at: _____ (911 Street Address)

Mailing address: _____

REQUEST FOR OUT OF DISTRICT/PRIVATE SCHOOL TRANSPORTATION AND/OR BEFORE/AFTER SCHOOL DAY CARE PROVIDER

STUDENT'S NAME	DATE OF ** BIRTH	GRADE ENTERING	NAME OF SCHOOL ADDRESS OF SCHOOL	OR	NAME OF DAYCARE ADDRESS OF DAYCARE
(Specify AM or PM or BOTH)					

***DAY CARE PROVIDER TELEPHONE NUMBER** _____ **(911) LOCATION** _____

INSTRUCTIONS FOR PARENT/GUARDIAN

Complete and return this form no later than April 1 of current school year for bus transportation for the upcoming school year.

NOTE FOR OUT OF DISTRICT (PRIVATE SCHOOL) TRANSPORTATION: Residence of student/designated bus stop must be within 15 miles of chosen school to be eligible for transportation. Please complete information on school name and address.

****STUDENT MUST BE FIVE YEARS OF AGE ON OR BEFORE DECEMBER 1ST FOR YEAR APPLYING FOR TRANSPORTATION**

***NOTE FOR BEFORE/AFTER SCHOOL DAYCARE: Day care provider must be within the Pawling Central School District boundaries to be eligible for AM/PM pick up/drop off. Please complete information on day care providers name and address. NOTE: Students are permitted to ride a different AM bus than PM bus route but are not permitted to change buses for different days of the week. **STUDENT MUST BE FIVE YEARS OF AGE ON OR BEFORE DECEMBER 1ST FOR YEAR APPLYING FOR TRANSPORTATION**

By signing below you certify that you agree to the Transportation Rules and Regulations of the Pawling School District Transportation Policies and the Laws of the State of New York .

Signature of Parent/Guardian

Date

PCSD Received Date _____

PCSD Received by _____