



**WALLKILL CENTRAL SCHOOL DISTRICT
PRIVATE/PAROCHIAL TRANSPORTATION REQUEST FORM**

*IN ACCORDANCE WITH THE EDUCATION LAW, THIS FORM MUST BE FILED
WITH SCHOOL AUTHORITIES NO LATER THAN APRIL 1ST OF EACH YEAR.*

(PLEASE FILL OUT A SEPARATE FORM FOR EACH STUDENT)

To Whom It May Concern:

In accordance with the laws of the State of New York, I hereby formally request transportation for 2019-2020 school year:

Name of Pupil _____ Date of Birth* _____

to _____
Name of School _____ County _____

during the coming scholastic year on all days this school is in session. The pupil for whom I am requesting transportation will be _____ years of age, will enter _____ Grade in September and resides at:

Physical Address (Legal Residence): _____ Mailing Address (if different than Physical Address): _____

Home Telephone Number: _____ Emergency Telephone Number: _____

The school to which I request transportation is _____ miles from the student's legal residence.

In addition to making this request directly, I wish to inform you that I have authorized the Principal of _____ School, or his or her 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 _____ School or unless I expressly revoke this request.

Parent/Guardian Name (Please Print) _____ Parent/Guardian Signature _____ Date _____

Give a description of the route taken from the child's residence to the school.

***CHILDREN MUST BE AT LEAST FIVE (5) YEARS OF AGE BY DECEMBER 1ST
TO BE PROVIDED TRANSPORTATION.**

MAIL APPLICATION TO:	WALLKILL CENTRAL SCHOOL DISTRICT 19 MAIN STREET, PO BOX 310 WALLKILL, NY 12589 ATTN: BRIAN DEVINCENZI
----------------------	--