

**PRIVATE SCHOOL
TRANSPORTATION REQUEST**

(PLEASE FILL OUT A TRANSPORTATION REQUEST FOR **EACH CHILD**)

****Form needs to be filled out on a yearly basis****

Date

Assistant Superintendent for Business
C/O Nicole DeSousa
Chester Union Free School District
64 Hambletonian Ave
Chester, NY 10918
(845) 469-9184

Dear Business Official,

In accordance with the Laws of the State of New York, I hereby formally request
Transportation for:

Name of Student: _____
(Please Print or Type)

Date of Birth: _____ Age: _____ Grade in Sept: _____

To _____
(Name of School)

during the school year _____ on all days this school is in session.

In addition to making this request directly, I wish to inform you that I have
authorized the Principal of _____ or his/her successor in
that position, to be my Representative in requesting transportation for my child.

(Turn Over Please)

The addresses for this child are as follows:

Street Address (Used for Bus Pickup):

(Street)

(Town)

Home/Mailing Address:

(Street)

(Town)

Home/Cell number: _____

Contact Person: _____

Emergency Phone #: _____

E-MAIL: _____

Parent or Guardian: _____

(Please Print or Type)

(Signature)

*This form **MUST** be post marked by **April 1** and sent to the address on the front page in order to receive transportation.

*Please contact our office at (845) 469-2231, ext. 3312 (Kevin Hannon), if there are any special needs that might affect transportation.

*Kindergarten students must be 5 years of age by December 1, and must include a copy of a birth certificate with the application.