## EASTPORT-SOUTH MANOR CENTRAL SCHOOL DISTRICT TRANSPORTATION REQUEST FORM

## **FOR**

(Name of	f School Child Will Be A	Attending)
	(Address of School)	
In accordance with the laws of	f the State of New York	, I hereby formally request
transportation for(	Name of Pupil)	during the 2024-2025 school
year on all days this school is i	in session. The pupil fo	r whom I am requesting
transportation is year	rs of age (please enter d	ate of birth)
He/She will enter the	grade in Septembei	r and resides at:
The closest intersection to his/		
All requests must be received District Office no later than A possibility that there may not	by the Transportation <b>b</b>	g school year (2024). <u>It is a</u>
A request form must be filled oparochial school, as well as, a	-	-
Signature of Parent or Guardi	ian Phone Number	Date of Request
Print Name		