

PAROCHIAL AND PRIVATE SCHOOL TRANSPORTATION REQUEST FOR THE SCHOOL YEAR

All requests must be received by April 1st
RETURN TO: Shoreham-Wading River CSD
Att: Transportation Department
250B Route 25A
Shoreham, NY 11786

IN ACCORDANCE WITH THE LAWS OF THE STATE OF NEW YORK, I
HEREBY REQUEST TRANSPORTATION FOR MY SON/DAUGHTER TO:

SCHOOL INFORMATION

NAME OF SCHOOL			SCHOOL YEAR
ADDRESS OF SCHOOL			SCHOOL PHONE #
CITY	STATE	ZIP	TODAY'S DATE

PARENT INFORMATION

PARENT/GUARDIAN NAME	PHONE NUMBER (HOME)
ADDRESS	PHONE NUMBER (MOBILE)
EMERGENCY CONTACT	PHONE NUMBER
PARENT/GUARDIAN SIGNATURE	

STUDENT INFORMATION

PUPIL'S NAME	GRADE IN SEPTEMBER	
ADDRESS	DATE OF BIRTH	
CITY	STATE	ZIP