

**EASTPORT-SOUTH MANOR CENTRAL SCHOOL DISTRICT**

**149 Dayton Ave  
Manorville NY 11949  
631-801-3009 / fax 631-874-6750  
esmtransportation@esmonline.org**

**Private or Parochial School Transportation Request Form**

**FOR**

\_\_\_\_\_  
**(Name of School Child Will Be Attending)**

\_\_\_\_\_  
**(Address of School)**

**In accordance with the laws of the State of New York, I hereby formally request transportation for \_\_\_\_\_ during the 2026-2027 school year on all days this school is in session. The pupil for whom I am requesting transportation is \_\_\_\_\_ years of age (please enter date of birth)\_\_\_\_\_.**  
**(Name of Pupil)**

**He/She will enter the \_\_\_\_\_ grade in September and resides at:**

\_\_\_\_\_.

**All requests must be received by the Transportation Department located in the District Office no later than April 1<sup>st</sup> of the preceding school year. It is a possibility that there may not be a seat available after this date.**

**A request form must be filled out each year that the child will attend a private or parochial school, as well as, a separate form for each child.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Date of Request**

\_\_\_\_\_  
**Print Name**