

Vince Napoli
Assistant Superintendent for Business

REQUEST FOR TRANSPORTATION

In accordance with the laws of the State of New York, I hereby formally request transportation for:

_____.
(Name of Pupil)

To: _____
(Name of School) (County)

during the school year **2024-2025**.

The pupil for whom I am requesting transportation is _____ years of age _____,
(Date of Birth)

will enter the _____ grade in September and resides at _____ in
(Street Name or Road Name)

_____, NY, Zip _____. Our telephone number is _____.
(Town/City)

Mailing address if different _____, NY, Zip _____.
(Town/City)

Our telephone number is _____, an Emergency Contact is _____.

Their phone number is _____. In addition to mailing this request directly, I wish to
inform you that I have authorized the principal of _____,
(School)

or his/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 in writing.

(Parent or Guardian)

This form must be filed with the School District prior to APRIL 1 of each year, in order to be considered for September transportation. FILL OUT AN INDIVIDUAL REQUEST FOR EACH CHILD.

Date: _____

To Whom It May Concern:

This is to certify that I hereby appoint the Principal of _____
(School)

_____, to act as my authorized representative in requesting transportation to same
(County)

under the provision of the Speno Law for _____. This authorization shall
(Name of Student)

remain effective while I have my child in attendance at _____, or unless I expressly
(School)

revoke this request in writing.

(Parent or Guardian)