



**WALLKILL CENTRAL SCHOOL DISTRICT  
PRIVATE/PAROCHIAL TRANSPORTATION REQUEST FORM**

***IN ACCORDANCE WITH THE EDUCATION LAW, THIS FORM MUST BE FILED  
WITH SCHOOL AUTHORITIES NO LATER THAN APRIL 1<sup>ST</sup> OF EACH YEAR.***

**(PLEASE FILL OUT A SEPARATE FORM FOR EACH STUDENT)**

\*\*\*\*\*

To Whom It May Concern:

In accordance with the laws of the State of New York, I hereby formally request transportation for 2024-2025 school year:

**Name of Pupil** \_\_\_\_\_ **Date of Birth\*** \_\_\_\_\_

to \_\_\_\_\_  
**Name of School** \_\_\_\_\_ **County** \_\_\_\_\_

during the coming scholastic year on all days this school is in session. The pupil for whom I am requesting transportation will be \_\_\_\_\_ years of age, will enter \_\_\_\_\_ Grade in September and resides at:

**Physical Address (Legal Residence):**

**Mailing Address (if different than Physical Address):**

\_\_\_\_\_

\_\_\_\_\_

**Home Telephone Number:**

**Emergency Telephone Number:**

\_\_\_\_\_

\_\_\_\_\_

The school to which I request transportation is \_\_\_\_\_ miles from the student's legal residence.

In addition to making this request directly, I wish to inform you that I have authorized the Principal of \_\_\_\_\_ School, or his or 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.

\_\_\_\_\_  
**Parent/Guardian Name (Please Print)**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Give a description of the route taken from the child's residence to the school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*CHILDREN MUST BE AT LEAST FIVE (5) YEARS OF AGE BY DECEMBER 1<sup>ST</sup>  
TO BE PROVIDED TRANSPORTATION.***

**MAIL APPLICATION TO:**

**WALLKILL CENTRAL SCHOOL DISTRICT  
1500 ROUTE 208, PO BOX 310  
WALLKILL, NY 12589  
ATTN: BRIAN DEVINCENZI**