



PORT JERVIS CITY SCHOOL DISTRICT



Phone: 845-858-2150

Fax: 845-858-2160

TRANSPORTATION REQUEST TO PRIVATE SCHOOL

Date: _____

To Whom It May Concern:

In accordance with the laws of the State of New York, I hereby formally request transportation for _____ to the _____, (Name of Student) (Name of School) _____ for the (Address of School)

2015-2016 school year. The student's date of birth is _____ and he/she will enter grade _____ in September 2015.

Student's Address: _____

Mailing Address: _____

Home Telephone: _____ Cell Phone: _____

Name of Emergency Contact Person: _____

Emergency Telephone Number: _____

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/children in attendance at the above-named school or unless I expressly revoke such request.

Note: Prior to final approval of transportation, student(s) must be registered with the Port Jervis City School District and meet the birth date guidelines as prescribed by Port Jervis.

(Signature of Parent/Guardian)

(Signature of School Official)