

**SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT**

**TRANSPORTATION DEPARTMENT**

623 Western Hwy, Blauvelt, NY, 10913

**845-680-1662 Fax: 845-680-1972**

**Request for Transportation to Private School  
For School Year: \_\_\_\_\_**

Form must be received by the *Transportation Department* by April 1st of **current** school year, **for all current and future private school students**. The district will adhere to and enforce this cut-off date and cannot guarantee transportation for the **following** school year if form is received after April 1st.

**\*\*Proof of residency must be provided. (e.g. lease, proof of ownership / deed, mortgage statement, statement from third party, etc.)**

**\*\*School to which student requests transportation MUST be within 15 miles of the child's residence**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Full Name & Daytime Phone: \_\_\_\_\_

Father's Full Name & Daytime Phone: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Current Age (*must have proof child is at least 5 years old by Dec 1st of school year*): \_\_\_\_\_

Gender:  Male  Female Ethnicity: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Present grade: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

Private/Parochial School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone #: \_\_\_\_\_ First day of school: \_\_\_\_\_

Time Classes Begin: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

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

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

**FOR OFFICE USE ONLY**

Form Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Mileage from Student's home to Private School: \_\_\_\_\_