

**STILLWATER CENTRAL SCHOOL
STILLWATER, NEW YORK 12170**

REQUEST FOR TRANSPORTATION TO PRIVATE/PAROCHIAL SCHOOL

RETURN TO: SUPERINTENDENT OF SCHOOLS
STILLWATER CENTRAL SCHOOL
1068 HUDSON AVENUE
STILLWATER, NEW YORK 12170

NOTE: THIS REQUEST MUST BE SUBMITTED ON OR BEFORE APRIL 1, 2017
A SEPARATE REQUEST SHALL BE MADE FOR EACH CHILD.

This is a request for transportation to a private/parochial school during the 2017-2018 school year for my daughter/son.

STUDENT'S NAME: _____
Last First M.I.

AGE AS OF SEPTEMBER 1, 2017 DATE OF BIRTH GRADE MALE FEMALE

Name of School: _____

School Address: _____
City State Zip

DISTANCE BETWEEN HOME AND THE PRIVATE/PAROCHIAL SCHOOL THAT THE STUDENT WILL ATTEND (INDICATE 10TH OF MILE): _____ Miles

PARENTS/GUARDIANS: _____

ADDRESS: _____
Street City State Zip

Home Phone # Work Phone # and Name Cell Phone # and Name
Email _____

Emergency Phone #'s and Names

Will your child be taking the bus: YES _____ NO _____

Transportation will only be provided from home to school, if within 15 miles of the school. Please fill out the request even if you are over the 15 mile limit or if you plan on transporting your child or if your child will be driving.

Specific Location of Home: _____

(Please fill out the information on the back)

FOR THE SAFETY AND PROTECTION OF YOUR CHILD, DOES YOUR CHILD HAVE ANY ALLERGIC REACTIONS OR MEDICAL PROBLEMS?

YES _____ NO _____

If yes, please explain, or call Karen Calicchia at Stillwater High School at 373-6100

Explanation: _____

IS YOUR CHILD REQUIRED TO TAKE DAILY MEDICATION?

(No medication is allowed on school buses)

YES _____ NO _____

Explanation: _____

Signature of Parent or Guardian

Date

	DATE	RECEIVED BY
Request Received at School		
Request Approved		