## STILLWATER CENTRAL SCHOOL STILLWATER, NEW YORK 12170

## REQUEST FOR TRANSPORTATION TO PRIVATE/PAROCHIAL SCHOOL

RETURN TO:

SUPERINTENDENT OF SCHOOLS

STILLWATER CENTRAL SCHOOL

STILLWATER, NEW YORK 12170

1068 HUDSON AVENUE

NOTE:

THIS REQUEST MUST BE SUBMITTED ON OR BEFORE APRIL 1, 2025 A SEPARATE REQUEST SHALL BE MADE FOR EACH CHILD.

This is a request for transportation to a private/parochial school during the 2025-2026 school year for my daughter/son.

	Last	First		M.I.
AGE AS OF SEPTEMBER 1, 2	025 DATE OF BIRTH	GRADE	MALE	FEMALE
Name of School:		•		
School Address:				
City			State	Zip
STUDENT WILL ATTEN PARENTS/GUARDIANS:	•	•		
ADDRESS:Street	City		State	Zip
Home Phone # Email	Work Phone # and Na		Cell Phone # an	d Name
Emergency Phone #'s and	l Names			
Will your child be taking the bus: YES		N	O	
ransportation will only b lease fill out the request o our child or if your child w	even if you are over the 1			

## (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 Adel Reilly at Stillwater High School at 373-6100 Ext. 30050 Explanation: IS YOUR CHILD REQUIRED TO TAKE DAILY MEDICATION? (No medication is allowed on school buses) YES \_\_\_\_\_ NO \_\_\_\_ Explanation: Date Signature of Parent or Guardian DATE RECEIVED BY Request Received at School

Request Approved