BRENTWOOD UNION FREE SCHOOL DISTRICT
Brentwood, New York

REQUEST FOR PRIVATE AND PAROCHIAL SCHOOL TRANSPORTATION

TO THE BOARD OF EDUCATION:

I hereby request that transportation be provided for my son/daughter to:

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE #: _____ SCHOOL HOURS: _____

The transportation is for the School Year: _____

STUDENT NAME: _____

STUDENT ADDRESS: _____

STUDENT PHONE #: _____

NEAREST CROSS STREET: _____

DATE OF BIRTH: _____

GRADE AS OF COMING SEPTEMBER: _____

SCHOOL PRESENTLY ATTENDING: _____

PARENT/GUARDIAN SIGNATURE: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT ADDRESS: _____

EMERGENCY CONTACT PHONE #: _____

THIS APPLICATION MUST BE FILED NO LATER THAN APRIL 1ST EACH YEAR.

ONE FORM FOR EACH CHILD REQUIRING TRANSPORTATION MUST BE SUBMITTED EACH YEAR.

LATE BUS WILL BE REQUIRED YES ( ) NO ( )

RETURN BY APRIL 1ST TO:

BRENTWOOD SCHOOLS
TRANSPORTATION OFFICE
FELICIO ADMINISTRATION BUILDING
THIRD AVENUE
BRENTWOOD, NY 11717

PHONE #: 434-2493

IF THE CHILD IS NOT GOING TO ATTEND THE ABOVE SCHOOL, PLEASE NOTIFY THE TRANSPORTATION OFFICE IMMEDIATELY.