## 2022-2023

## 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 F	OR THE SCHOOL YEAR:	
STUDENT NAME:		
STUDENT ADDRESS:		
PHONE #:		
PARENT FAX # AND/OR E-M	AIL ADDRESS:	
NEAREST CROSS STREET: _		
DATE OF BIRTH:		
GRADE AS OF COMING SEPT	TEMBER:	
SCHOOL PRESENTLY ATTEN	NDING:	
PARENT/GUARDIAN SIGNAT	CURE:	
EMERGENCY CONTACT PER	SON:	
EMERGENCY CONTACT ADI	DRESS:	
EMERGENCY CONTACT PHO	ONE #:	
THIS APPLICATION MUST	BE FILED NO LATER THAN APRIL 1 <sup>ST</sup> EACH YEAI	₹.
ONE FORM FOR <b>EACH</b> CHIL	D REQUIRING TRANSPORTATION MUST BE SUBMIT	TTED EACH YEAR.
LATE BUS WILL BE REQUIR	ED YES ( ) NO ( )	
RETURN BY <u>APRIL 1<sup>ST</sup></u> TO:	BRENTWOOD SCHOOLS TRANSPORTATION OFFICE FELICIO ADMINISTRATION BUILDING 52 THIRD AVENUE BRENTWOOD, NY 11717 PHONE # (631) 434-2493 FAX # (631) 972-1406	EMAIL- transportation@bufsd.org

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