

WALLKILL CENTRAL SCHOOL DISTRICT PRIVATE/PAROCHIAL TRANSPORTATION REQUEST FORM

IN ACCORDANCE WITH THE EDUCATION LAW, THIS FORM MUST BE FILED WITH SCHOOL AUTHORITIES NO LATER THAN APRIL 1^{ST} OF EACH YEAR.

ame of Pupil	Date of Birth*	
		_
Name of School	County	_
uring the coming scholastic year on all days this school	l is in session. The pupil for whom I am requesting trans	norta
ill be years of age, will enter G		portu
	•	
hysical Address (Legal Residence):	Mailing Address (if different than Physical Address):
	_	_
		_
ome Telephone Number:	Emergency Telephone Number:	
	_	
he school to which I request transportation is	miles from the student's legal residence	
addition to making this request directly, I wish to infor		
	or her successor in that position, to be my representative	ın
questing transportation for my child.		
his authorization shall remain effective while I have my	y child in attendance at	_
chool or unless I expressly revoke this request.		
arent/Guardian Name (Please Print) Pare	ent/Guardian Signature Date	_
ive a description of the route taken from the child's res	sidence to the school.	
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*CHILDREN MUST BE AT LEAST FIVE (5) YEARS OF AGE BY DECEMBER 1ST TO BE PROVIDED TRANSPORTATION.

MAIL APPLICATION TO: WALLKILL CENTRAL SCHOOL DISTRICT

1500 ROUTE 208, PO BOX 310 WALLKILL, NY 12589 ATTN: BRIAN DEVINCENZI