



Dr. Alex Marrero  
Interim Superintendent of Schools

City School District of New Rochelle  
515 North Avenue  
New Rochelle, NY 10801

**TRANSPORTATION APPLICATION**

SCHOOL YEAR: 20\_\_\_\_\_

OFFICE USE ONLY	<input type="checkbox"/> Magnet	<input type="checkbox"/> CILA	<input type="checkbox"/> Kaleidoscope
AM BUS:	_____	TIME: _____	AM STOP: _____
PM BUS:	_____	TIME: _____	PM STOP: _____
BUS COMPANY:	_____		START DATE: _____

Parent:/Guardian: Complete one application for each student being registered. The transportation office staff will identify and notify those students who meet the 1.5 mile requirement necessary to receive bussing, by **mail at the end of August**.

**PLEASE PRINT CLEARLY. REPORT PHONE NUMBER CHANGES TO THE TRANSPORTATION OFFICE IMMEDIATELY.**

Please check ONE:  New Student  Address Change  School Change

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F

Student Name: \_\_\_\_\_  
LAST FIRST

Home Address: \_\_\_\_\_  
STREET APT.  
CITY STATE ZIP CODE

**Parent/Legal Guardian**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**EMERGENCY CONTACT**

Contact Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Contact # \_\_\_\_\_