



Dr. Laura P. Feijóo
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 mileage 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 # _____