

TRANSPORTATION REQUEST
DUE BY APRIL 1, 2019 FOR 2019-2020 SCHOOL YEAR

PAWLING CENTRAL SCHOOL DISTRICT
56 WAGNER ROAD
TEL: 845-855-4640

TRANSPORTATION DEPT
PAWLING, NY 12564
FAX 845 855 4648

TO: PAWLING CENTRAL SCHOOL DIST

DATE: _____

FROM: _____

ADDRESS _____

TELE NO. _____

EMERGENCY TEL NO. _____

ALTERNATE TEL. NO _____

CHILD RESIDES AT _____ (911 ADDRESS)
MAILING ADDRESS IF DIFFERENT _____

REQUEST FOR OUT OF DISTRICT/PRIVATE SCHOOL TRANSPORTATION **AND/OR**
BEFORE/AFTER SCHOOL DAY CARE PROVIDER

STUDENTS NAME	DATE OF BIRTH	GRADE	NAME & ADDRESS OF SCHOOL	NAME & ADDRESS DAY CARE
---------------	---------------	-------	--------------------------	-------------------------

DAY CARE PROVIDER TELE NO. _____ (911) LOCATION _____

INSTRUCTIONS FOR PARENTS/GUARDIAN

Complete and return this form no later than April 1 of the current school year for bus transportation for the upcoming school year. Transportation may be denied if the form is returned after April 1.

Note for out of district (private school) transportation: Residence of student designated bus stop must be within 1. miles of chosen school to be eligible for transportation. Please complete information on school name and address Student must be 5 years of age on or before Dec 1 for year applying for transportation

NOTE FOR BEFORE/AFTER SCHOOL DAYCARE: Day care provider must be within Pawling Central School District boundaries to be eligible for AM/PM pick up/drop off. Please provide information on day care provider name and address. **NOTE: Students are permitted to ride a different AM bus than PM route but are not permitted to change buses for different days of the week**

By signing below you certify that you agree to the Transportation Rules, Regulations and Policies of the Pawling School District and the Laws of the State of New York

Signature of Parent/Guardian

Date

PCDS RECEIVED DATE _____

PCSD RECEIVED By _____