

# TRANSPORTATION REQUEST

(PLEASE FILL OUT AN INDIVIDUAL REQUEST FOR EACH CHILD)

\_\_\_\_\_ Date

Business Official  
Chester Union Free School District  
64 Hambletonian Ave  
Chester, NY 10918  
(845)469-2231 ext 3312

Dear Business Official,

In accordance with the Laws of the State of New York, I hereby formally request transportation for:

Name of Student: \_\_\_\_\_  
(Please Print or Type)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_

To \_\_\_\_\_, \_\_\_\_\_  
(Name of School) (County)

during the school year \_\_\_\_\_ on all days this school is in session.

In addition to making this request directly, I wish to inform you that I have authorized the Principal of \_\_\_\_\_ or his/her successor in that position, to be my Representative in requesting transportation for my child.

(Turn Over Please)

The addresses for this child are as follows:

Street Address (Used for Bus Pickup):

\_\_\_\_\_

(Street)

\_\_\_\_\_

(Town/Village)

Street Address (Used for Bus Drop Off):

\_\_\_\_\_

(Street)

\_\_\_\_\_

(Town/Village)

Home/Mailing Address (if different than pickup location):

\_\_\_\_\_

(Street)

\_\_\_\_\_

(Town/Village)

Home Telephone # \_\_\_\_\_

Emergency Information:

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Parent(s) or Guardian: \_\_\_\_\_

(Please Print or Type)

\_\_\_\_\_

(Signature)

\*Please contact our office at (845) 469-2231, ext. 3312 if there are any special needs that might affect transportation.

\*Kindergarten students must be 5 years of age by December 1, 2018 and must include a copy of the birth certificate with the application.