



# PORT JERVIS CITY SCHOOL DISTRICT



Phone: 845-858-2150

Fax: 845-858-2160

## TRANSPORTATION REQUEST TO PRIVATE SCHOOL

Date: \_\_\_\_\_

To Whom It May Concern:

In accordance with the laws of the State of New York, I hereby formally request transportation for \_\_\_\_\_ to the \_\_\_\_\_,  
(Name of Student) (Name of School)

\_\_\_\_\_ for the  
(Address of School)

2017-2018 school year. The student's date of birth is \_\_\_\_\_ and he/she will enter grade \_\_\_\_\_ in September 2017.

Student's Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Emergency Contact Person: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

In addition to making this request directly, I wish to inform you that I have authorized the Principal of \_\_\_\_\_ School or his/her successor in that position, to be my representative in requesting transportation for my child/children in attendance at the above-named school or unless I expressly revoke such request.

**Note: Prior to final approval of transportation, student(s) must be registered with the Port Jervis City School District and meet the birth date guidelines as prescribed by Port Jervis.**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Signature of School Official)