

GOSHEN CENTRAL SCHOOL DISTRICT
(845)615-6700 FAX NO. (845)615-6707
TRANSPORTATION REQUEST FOR 2018-2019 SCHOOL YEAR

In accordance with the laws of the State of New York, I hereby formally request transportation to _____, which is located at _____ during the coming scholastic year on all days this school is in session.

The pupil for whom I am requesting transportation, _____, was born on _____ in the City and State of _____ and will enter ____ grade in September.

If EXCHANGE STUDENT: Date entered USA: _____ Country: _____
Female/Male (circle)

This authorization shall remain in effect until I expressly revoke this request.
This authorization form must be delivered to the Transportation Department prior to APRIL 1st of each year for the following school year.

Signature of Parent Guardian

Signature of Parent or Guardian

PRINT Name of Parent

PRINT Name of Parent or Guardian

Address

City/Town/Zip

Phone Number

Emergency Contact Person

Emergency Contact Phone Number

TRANSPORTATION USE ONLY

MILEAGE: _____

STUDENT I.D. NUMBER: _____

COMMENTS: _____

Superintendent's Signature: _____

Approved/Disapproved
