GOSHEN CENTRAL SCHOOL DISTRICT
TRANSPORTATION REQUEST FOR THE
_____ SCHOOL YEAR

(ENTER SCHOOL YEAR)

P: (845)615-6700 FAX:(845)615-6707

In accordance with the laws of the State of New York, I hereby formally request transportation to _____, which is located

(NAME OF SCHOOL)

at _____ during the coming scholastic year on

(SCHOOL ADDRESS)

all days this school is in session, provided the Goshen District is in session.
The pupil for whom I am requesting transportation, _____,

(STUDENT'S NAME)

was born on_____ in the City of _____ and State of _____.
The student 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: _____