

GOSHEN CENTRAL SCHOOL DISTRICT
PAROCHIAL / PRIVATE SCHOOL
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: