

RONDOUT VALLEY CENTRAL SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

APPLICATION FOR PRIVATE/PAROCHIAL TRANSPORTATION

Requests for Transportation must be submitted before APRIL 1, 2017

Based upon Section 3635 of the Education Law for transportation for the following school year

I HEREBY REQUEST TRANSPORTATION FOR MY CHILD FOR THE SCHOOL YEAR 2017/2018

Name of Pupil:	DOB:
Street Address:(or actual location of residence/closest into	City/State/Zip: tersection, ** NO POST OFFICE BOX NUMBERS)
Mailing Address:(if different than Stre	et Address)
Telephone Number (Home):	(Emergency):
School Attended Previous School Year:	
Name of PRIVATE/PAROCHIAL School t	o which transportation is requested:
School:	Grade:
DAYS WHEN OUR DISTRICT IS CLOSED.	CSD WILL NOT TRANSPORT TO PRIVATE/PAROCHIAL SCHOOLS O
	Rondout Valley Central School District registration packet E (5) years of age by December 1ST in order to enter
SIGNATURE OF PARENT/GUARDIAN:	
DATE:	_

A request must be completed for each child

PLEASE RETURN COMPLETED FORM BEFORE APRIL 1ST TO
Transportation Department
Rondout Valley Central School District
PO Box 9
Accord, New York 12404
845-687-2400