

Delos Luther II  
Director of Transportation

**TRANSPORTATION DEPARTMENT  
MINISINK VALLEY CENTRAL  
SCHOOL DISTRICT**

Dan Burrows  
Dispatcher

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PO BOX 217, SLATE HILL, NY 10973  
(845) 355-5140 FAX (845) 355-2813

**TRANSPORTATION REQUEST**

**For Nonpublic Schools**

(Fill out an individual request form for **each** student)

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

Name of School to which transportation is being requested : \_\_\_\_\_

Town/City where school is located: \_\_\_\_\_

For the School Year: **2012 - 2013**

To Whom It May Concern:

In accordance with New York State Education Law, I hereby formally request transportation for:

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

The student for whom I am requesting transportation is \_\_\_\_\_ years of age, and will enter the \_\_\_\_\_ grade in September. All students must be five years of age on or ***before December 1.***

Physical Address where you live: \_\_\_\_\_

Home phone: \_\_\_\_\_

In addition to making this request directly, I wish to inform you that I have authorized the principal of the above-named school to be my representative in requesting transportation for my child. This authorization shall remain in effect while I have my child in attendance at this school, or unless I expressly revoke this request.

\_\_\_\_\_  
Parent or Guardian

Must be returned no later than April 1, 2012 to:

Minisink Valley Central School  
Delos Luther II, Dir. of Transportation  
PO Box 217  
Slate Hill NY 10973

***IMPORTANT -- THIS IS A TWO PAGE FORM --  
YOU MUST FILL OUT THE OTHER SIDE ALSO -- IF YOU HAVE JUST  
MOVED INTO THE DISTRICT, PROOF OF RESIDENCY WILL BE  
REQUIRED BY THE MINISINK DISTRICT REGISTRAR at 845 355-5812***

*Please Help Transportation*

*Use this form for Nonpublic School Students*

We appreciate your help by filling out this form. This information will help drivers and monitors know your child's needs better and give your child the safest bus ride to and from school. *All information will be confidential.*

I.D. # \_\_\_\_\_ (This will be issued by Minisink Valley Registrar)

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Private School Name : \_\_\_\_\_ Grade: \_\_\_\_\_ M / F: \_\_\_\_\_

Parent /Guardian Name(s): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Emergency / Work #: \_\_\_\_\_

Cell Phone #'s: \_\_\_\_\_

Relative / Neighbor to call if you cannot be reached:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Please answer yes / no to the following questions. If a "yes" answer is indicated, please provide us with information that will help us help care for your child:

1. Does your child take medication that may cause him / her to experience an adverse effect during his bus ride? Yes No  
If yes, please explain: \_\_\_\_\_
2. Is your child speech and / or hearing impaired? Yes No  
If yes, please explain: \_\_\_\_\_
3. Is your child allergic to anything (insects, candy, etc.)? Yes No  
If yes, please explain: \_\_\_\_\_
4. Does your child have seizures? Yes No  
If yes, please explain: \_\_\_\_\_
5. Does your child have any behavioral concerns that you feel will be helpful for the driver / monitor to know? Yes No  
If yes, please explain: \_\_\_\_\_
6. Would you suggest any special seating arrangements for your child (i.e. car seat, support vest, etc.)? Yes No  
If yes, please explain: \_\_\_\_\_
7. Any additional information regarding transportation? \_\_\_\_\_
8. Name of a brother or sister already attending school: \_\_\_\_\_  
(This helps the computer locate your residence. )

**Each transportation request will be processed in accordance with New York State Education Law in regard to the 15 mile distance requirement and the April 1<sup>st</sup> deadline.**