

Thomas O'Donnell
Supervisor of Transportation

**TRANSPORTATION DEPARTMENT
MINISINK VALLEY CENTRAL
SCHOOL DISTRICT**

Carol LaManna
Dispatcher

PO BOX 217, SLATE HILL, NY 10973
(845) 355-5141 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: **2018 - 2019**

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, 2018 to:

Minisink Valley Central School
Transportation Department
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 1st deadline.