

**EAST RAMAPO CENTRAL SCHOOL DISTRICT
TRANSPORTATION OFFICE
105 SOUTH MADISON AVENUE, SPRING VALLEY, NEW YORK 10977
TELEPHONE: (845) 577-6490
TRANSPORTATION REQUEST – PRIVATE OR PAROCHIAL SCHOOLS**

2004/2005

STUDENT'S NAME: _____ ENTERING GRADE _____
Last First

ADDRESS: _____ APT: _____
Number Street City State Zip Code

PREVIOUS ADDRESS: _____
(ONLY IF YOU HAVE MOVED WITHIN THE PAST YEAR)

BIRTHDATE OF STUDENT: ____/____/____ MALE FEMALE PHONE: _____
MO. DAY YR.

NAME OF SCHOOL WHICH STUDENT WILL ATTEND _____

SCHOOL HOURS: ARRIVAL _____ DISMISSAL _____

SCHOOL ATTENDED 2003-2004 _____

DOES STUDENT PRESENTLY RIDE A SCHOOL BUS IN EAST RAMAPO? YES ____ NO ____

NEAREST CROSS STREET TO YOUR HOME _____
This information will be used in Determining Bus Stop Location

Print Name of Parent or Guardian Signature of Parent or Guardian Date

****PLEASE NOTE:**

1. STUDENTS MUST BE BORN PRIOR TO DECEMBER 1, 1999 TO BE ELIGIBLE FOR TRANSPORTATION.
2. YOU CAN ONLY APPLY FOR TRANSPORTATION TO ONE SCHOOL FOR EACH CHILD.
3. STUDENTS MUST BE REGISTERED AT SCHOOL TO WHICH TRANSPORTATION IS REQUESTED.
4. APPLICATIONS ARE TO BE COMPLETED AND RETURNED NO LATER THAN APRIL 1, 2004 IN ORDER TO BE ELIGIBLE FOR TRANSPORTATION.
5. IF THIS IS THE FIRST TIME TRANSPORTATION IS REQUESTED FOR STUDENT, IT WILL BE NECESSARY TO PROVIDE PROOF OF BIRTHDATE AND ADDRESS.

FOR OFFICE USE ONLY:

STUDENT ID # _____

SCHOOL CODE _____ AM AFTER _____ ROUTE: _____

STOP CODE _____ PM AFTER _____ STOP: _____

ROUTE CODE _____ FRI. AFTER _____ TIME: _____