MATTITUCK CUTCHOGUE UNION FREE SCHOOL DISTRICT

 Transportation Department

 385 Depot Lane, Cutchogue NY
 11935

 (631) 298-4242 x. 3504 / fax (631) 298-8573

NON-PUBLIC TRANSPORTATION REQUEST

A transportation request form must be filled out each year that the child attends a non-public school. Please fill out an individual request for <u>each</u> child. ***Section (1)(a) of the Education Law requires that a school district provide** transportation to a non-public school for all students who live up to <u>15 miles from the school</u>.

All transportation requests must be received at the above address no later than April <u>1st</u>. If not received by April 1st, <u>transportation will not be provided</u> in the school year 2023-2024.

School Year: 2023-2024

TO WHOM IT MAY CONCERN:

In accordance with the laws of the State of New York, I hereby formally request transportation for:

| Name of Student: | Student's Date of Birth: |
|--|--------------------------------|
| Grade Level for 2023-2024: | Home Phone: |
| Physical Address: | |
| P.O. Box or mailing address: | City, Town, Zip: |
| Landmarks: House color, number on house, mailbox etc.: | |
| Mother's E-Mail Address | Father's E-mail Address |
| Mother's name/phone: | Father's name/phone: |
| Emergency Contact Name (1): | Emergency Contact Name (2): |
| Emergency Contact (1) Address: | Emergency Contact (2) Address: |
| Emergency Contact (1) Phone: | Emergency Contact (2) Phone: |

Student will be transported to:

| Name of Education | al Institution: | | |
|-------------------|------------------------------------|-----------------|--|
| Address: | | | |
| Phone Number: | | | |
| School hours: | Arrival time: | Dismissal Time: | |
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The student is ______ years of age and will enter the ______ Grade in September.

| 1 | Signature | of Parent/ | 'Guardian) |
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(Please Print)