

**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**

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: _____
MM DD YY

EMERGENCY PHONE: _____

NAME OF SCHOOL WHICH STUDENT WILL ATTEND _____

SCHOOL ATTENDED LAST YEAR _____

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

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

****PLEASE NOTE:**

1. STUDENTS MUST BE FIVE YEARS OLD BEFORE DECEMBER 1 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 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: _____