

APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION

**Sayville Public Schools
99 Greeley Avenue
Sayville, NY 11782
Phone: 631-244-6525
Fax: 631-244-6541**

Date of Application: _____

Pupil Information:

Name of Student: _____

Address: _____

Date of Birth: _____

Grade: _____

Name of Parent or Guardian: _____

Home Phone: _____

Father's Work #: _____

Cell #: _____

Mother's Work #: _____

Cell #: _____

School Student Currently is Attending: _____

<u>FOR DISTRICT USE ONLY</u>	
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Pupil Personnel Svcs
<input type="checkbox"/>	I.M.C.

Transportation Information:

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

Name of School: _____

For the School Year: _____

School Hours: _____

Important: Please Note the Following:

<p>Anyone applying for private and parochial transportation must provide proof of residency in the form of a deed, property tax bill or mortgage statement annually. In the event that none of the aforementioned is available, then a notarized statement of residency form must be submitted prior to providing a transportation request.</p>
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Please Send this Completed Application to:

Transportation Department
Sayville School District
99 Greeley Avenue
Sayville, NY 11782

This application must be filed by April 1st of each year that you are requesting transportation.