

BABYLON UNION FREE SCHOOL DISTRICT
50 Railroad Avenue
Babylon, New York 11702

TRANSPORTATION REQUEST

******* KINDERGARTEN & NEW STUDENTS MUST SUBMIT CENSUS FORMS WITH DOCUMENTATION TO THE BABYLON U.F.S.D. ATTENDANCE OFFICE FOR APPROVAL BEFORE REQUEST FOR TRANSPORTATION WILL BE PROCESSED.**

To be completed and returned by April 1st to:

Transportation Office
Babylon Union Free School District
50 Railroad Avenue
Babylon, NY 11702

In accordance with the laws of the State of New York, I hereby formally request transportation for 20__/20__ school year, for:

Student's Name: _____

Student's Address: _____

*Student's Telephone No.: _____

*Emergency Contact: _____

*Your Telephone Number/Emergency Contact is needed in order that you may be contacted in the event of bus delays, changes in scheduling, etc. If your number is unlisted, please indicate same. Your telephone number will be kept on file and only given to the bus company that will be transporting your child for the above requested School Year.

TO (SCHOOL): _____ Phone #: _____

Address: _____ Town: _____

The pupil for whom I am requesting transportation was born on _____

and will enter _____ grade in September.

Signature Parent/Guardian

Date

Received in Transportation Office: _____