

# CENTRAL ISLIP PUBLIC SCHOOLS

PRIVATE / PAROCHIAL TRANSPORTATION REQUEST



REQUEST DATE: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

START DATE: \_\_\_\_\_

STS OFFICE USE:

**REQUEST TYPE:**

- NEW STUDENT
- RETURNING STUDENT
- ADDRESS/INFO CHANGE

STUDENT'S LAST NAME: \_\_\_\_\_

STUDENT'S FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PICK UP/ DROP OFF ADDRESS: \_\_\_\_\_

CROSS STREET / CORNER STOP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

GRADE AS OF SEPTEMBER: \_\_\_\_\_

ALT./EMER. #: \_\_\_\_\_

ALT./EMER. #: \_\_\_\_\_

DESTINATION SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

SESSION TIMES: \_\_\_\_\_

**SPECIAL REQUESTS / OTHER INFORMATION:**

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PARENT SIGNATURE: \_\_\_\_\_