



HAUPPAUGE PUBLIC SCHOOLS
Office of the Department of Transportation

Request for Transportation

In accordance with the laws of New York State, I hereby formally request transportation for my son/daughter (student name) _____

To (name of school and location) _____

_____ for the ensuing school year. I have authorized the principal to act as my representative in requesting transportation as long as the child remains in the school.

Date _____ Parent's Signature _____

THIS FORM MUST BE RETURNED & DATED BEFORE APRIL 1

Student Name _____

Address _____

Nearest cross street _____

Grade for School Year 2024/2025 _____ Date of Birth _____

Parent/Guardian name _____

Phone Residence# _____ Cell# _____ Cell# _____

Email Address: _____

In case we cannot reach you at these numbers, please provide us with an alternative name and number

PLEASE NOTE:

*Parents requesting transportation services for a child for the first time must register in the district in order to receive services. Please call the student registrar at (631) 761-8260 for information. **RETURN THIS***

FORM TO:

HAUPPAUGE PUBLIC SCHOOLS
Transportation Office
495 Hoffman Lane, P O Box 6006,
Hauppauge, N Y 11788
Fax: 631-870-5789

Or email to osuna-williamsd@hauppauge.k12.ny.us