

**WEST BABYLON UFSD
TRANSPORTATION DEPARTMENT
130 NILL STREET
WEST BABYLON, NY 11704
631-376-7780
FAX 631-376-7789**

NON PUBLIC SCHOOL TRANSPORTATION REQUEST

In accordance with the laws of New York State, I hereby request transportation during the school year of _____ for the following student:

NAME _____

ADDRESS _____

TELEPHONE _____ **EMERGENCY TELEPHONE** _____

DATE OF BIRTH _____

TO

SCHOOL _____

ADDRESS _____

GRADE ENTERING _____ **SCHOOL HOURS AM** _____ **PM** _____

SIGNATURE OF PARENT

KINDERGARTEN AND NEW STUDENTS MUST REGISTER AT THEIR HOME SCHOOL

CALL TRANSPORTATION TO FIND YOUR HOME SCHOOL

NOTE: THIS FORM MUST BE RETURNED TO THE WEST BABYLON TRANSPORTATION DEPARTMENT

POSTMARKED BY APRIL 1ST OF EACH SCHOOL YEAR