

SMITHTOWN CENTRAL SCHOOL DISTRICT  
26 NEW YORK AVENUE, SMITHTOWN, NEW YORK 11787-3435  
TRANSPORTATION  
(631) 382-4100

January 2, 2024

Dear Parent/Guardian:

Enclosed you will find the Smithtown Central School District private and parochial transportation application for the 2024–2025 school year.

Any returning students who have no changes from last year may fill out the enclosed form and mail it as directed on the application prior to the **April 1, 2024** deadline.

All newly registering students attending private or parochial schools or any returning private and parochial students who have changes to their school or address will need to contact the Smithtown Central School District central registration office in order to be considered for transportation, receive textbooks, and/or other educational services. Registration must take place prior to the **April 1, 2024** deadline via email at [registration@smithtown.k12.ny.us](mailto:registration@smithtown.k12.ny.us).

If you have any questions or concerns regarding transportation, please call the Transportation Department at 631-382-4100.

Sincerely,

*Mary Augugliaro*

Transportation Supervisor

MA/df

**SMITHTOWN CENTRAL SCHOOL DISTRICT**  
**PRIVATE AND PAROCHIAL SCHOOL TRANSPORTATION APPLICATION**  
**FOR SCHOOL YEAR 2024-2025**  
**THIS FORM MUST BE FILED PRIOR TO APRIL 1, 2024**

**\*New Private & Parochial** students or anyone changing school or address must register via email at [registration@smithtown.k12.ny.us](mailto:registration@smithtown.k12.ny.us)

**Returning Private & Parochial** students, without any changes from last year, may mail their completed application to SCSD 26 New York Ave Smithtown 11787 (attn: Transportation)

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DATE OF APPLICATION \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_  
(Last) (First)

LEGAL ADDRESS: \_\_\_\_\_  
(Street) (Town) (Zip)

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ GRADE ENTERING IN SEPTEMBER 2024 \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

SCHOOL THE STUDENT IS CURRENTLY ATTENDING OR TRANSFERRING FROM: \_\_\_\_\_  
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**TRANSPORTATION INFORMATION**

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

NAME OF SCHOOL: \_\_\_\_\_

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

For the school year 2024-2025 School Hours \_\_\_\_\_

**IMPORTANT – PLEASE NOTE THE FOLLOWING REQUIREMENTS:**

**\*ANY NEW RESIDENT REQUESTING TRANSPORTATION TO A PRIVATE AND PAROCHIAL SCHOOL OR ANYONE WITH A CHANGE OF ADDRESS MUST PROVIDE THE PROPER DOCUMENTATION AS DESIGNATED BY SCSD CENTRAL REGISTRATION OFFICE**

**PROOF OF RESIDENCY MUST BE SUBMITTED PRIOR TO PROCESSING A TRANSPORTATION REQUEST.**

*Entering kindergarten students must be 5 years of age by December 1, 2024  
in the school year of attendance, in order to be considered for transportation.*

**ROUTE#** \_\_\_\_\_

**STOP ASSIGNED**  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN