

Islip Public Schools
215 Main Street
Islip, New York 11751
REQUEST FOR OUT-OF-DISTRICT TRANSPORTATION

I hereby request that out-of district transportation be provided for my son/daughter to:

School Name: _____

Located at: _____

For the school year: _____

NAME OF STUDENT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

CELL NUMBER: _____

GRADE (AS OF SEPTEMBER): _____

AGE & DATE OF BIRTH: _____

SCHOOL HOURS: _____

SCHOOL TELE. #: _____

DATE SCHOOL WILL START: _____

Signed: _____

(Name of Parent or Guardian)

Date: _____

This application must be filed no later than April 1st of EACH year.

Students need to be registered with the Islip UFSD in order to receive all non-public school student services.

Please indicate if a late bus will be needed: YES () NO ()

Return this application to: Transportation Office

Islip Public Schools

215 Main Street

Islip, New York 11751

Telephone # (631) 650-8275

Please note: First time requests require 2 proofs of residency. (Mortgage statement, tax bill or notarized lease agreement and a utility bill)