

WYANDANCH UNION FREE SCHOOL DISTRICT
 APPLICATION FOR PUPIL TRANSPORTATION
 RETURN TO: OFFICE OF CENTRAL REGISTRATION AT WYANDANCH MEMORIAL HS
 DUE BY APRIL 1st OF EACH YEAR
 SCHOOL YEAR 2021/2022

1. A new application must be filed with this office each year. Please PRINT all information.
2. Each application must be postmarked no later than the 1st of April of EACH YEAR.
3. A rejection of a request for transportation may be appealed to the Board of Education and to the Commissioner of Education. (Ed. Law, Sec.3635-2)
4. Proof of Residency Required

Student(s) to be transported Name: Include middle initial	Date of Birth	Grade In September	Name & Address of <u>ONE</u> School Attending in September* <u>*(You must fill out separate forms if your children are attending separate schools)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TELEPHONE NUMBER: (list emergency numbers also)

Home: _____ Contact Person: _____ Relationship to Student: _____

Office: _____ Contact Person: _____ Relationship to Student: _____

Other: _____ Contact Person: _____ Relationship to Student: _____

Transportation to be furnished from (Home Address): _____

Nearest Corner of Intersection: _____

Signature: _____ Date: _____ Relationship to Student: _____

FOR OFFICE USE ONLY: APPROVED BY CENTRAL REGISTRATION: _____

Signature _____ Date _____

APPROVED BY BUSINESS OFFICE: _____

Signature

WYANDANCH UNION FREE SCHOOL DISTRICT
 APLICACION PARA EL TRANSPORTE DE LA PUPILA
 VOLVER A: OFICINA DE REGISTRO CENTRAL EN WYANDANCH MEMORIAL HS
 VENCIMIENTO 1 de abril

1. Una nueva aplicacion se debe presentar a esta oficina cada ano. Por favor escriba toda la informacion.
2. Cada aplicacion debe ser sellado no mas tarde que el 1 de abril de cada ano.
3. Un rechazo de la solicitud de transporte puede ser apelado a la Junta de educacion y el Comisionado de educaci6n. (Ed. Ley, 3635-2 seg.)
4. Prueba de residencia requerido

Estudiante(s) para ser transportado Nombre: (incluya inicial)	fecha de Nacimiento	Grado en Septiembre	Nombre & Direccion de una escuela Atendida en septiembre* *(tinene que llenar on formulario separado si los ninos asisten a escuela separada)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NUMERO DE TELEFONO: (lista de numeros de emergencia tambien)

Casa: _____ Persona en contacto: _____ Relacion de l estudiante: _____

Oficina: _____ Persona en contacto: _____ Relacion del estudiante: _____

Otro: _____ Persona en contacto: _____ Relacion del estudiante: _____

Transporte que se equiparan de (direccion): _____

ESQUINA MAS CERCA: _____

Firma: _____ Dia: _____ Relacion con el estudiante: _____

FOR OFFICE USE ONLY: APPROVED BY CENTRAL REGISTRATION: _____
Signature _____ Date _____

APPROVED BY BUSINESS OFFICE: _____
Signature _____ Date _____

WYANDANCH UNION FREE SCHOOL DISTRICT
 APLIKASYON POU TRANSPOTASYON ELEV
 RETOUNEN L : BIWO «CENTRAL REGISTRATION» NAN "WYANDANCH MEMORIAL HS »
 AVAN PREMIE AVRIL CHAK ANE
 ANE SKOLE 2021/2022

1. Ou dwe ranpli yon nouvo aplikasyon nan biwo sa a chak ane. Tampri, ekri tout infomasyon.
2. Ou dwe poste chak aplikasyon pa pi ta ke premye Avril cbak ane.
3. Si yo rejete yon demand pou transpotasyon ou ka fè apel nan Konsey Edikasyon an oswa bay Komisyon Edikasyon an. (Ed. Law, Sec. 3635-2)
4. Se pou w bay prev residans.

Elev ki pou transpote Nom: (Mete Inisyal ki nan mitan an)	Dat Nesans	Klas nanmwa Septanm	Nom ak adres yon lekòl li prale an Septemb* *(Ou dwe ranpli fom apa si ti moun ou yo prale nan lekòl separe)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NIMEWO TELEFON : (ekri nimewo ijens tou)

Kay: _____ Moun Pou w Kontakte: _____ Relasyon moun nan ak elev la: _____

Biwo: _____ Moun Pou w Kontakte: _____ Relasyon moun nan ak elev la: _____

Lot: _____ Moun Pou w Kontakte: _____ Relasyon moun nan ak elev la: _____

ADRES: _____

TRANSPOTASYON AP BAY SOTI (ADRES KAY): _____

KALFOU KI PI PWOH: _____

SIYATI: _____ DAT: _____ RELASYON MOUN NAN AK ELEV LA: _____

POUR UTILIZE NAN BIWO SELMAN: APWOUVE PA "CENTRAL REGISTRATION"

APWOUVE PA BIWO BIZNIS

Siyati

Siyati

Dat