

EAST ISLIP SCHOOL DISTRICT
Request For Out of District Transportation

I hereby request that out of district transportation for the school year '____/____ be provided for my son/daughter: *(please fill in school year)*

NAME OF STUDENT: _____

ADDRESS: _____

PHONE #: _____

SCHOOL NAME: _____ **GRADE:** _____

ADDRESS: _____

EMERGENCY CONTACT : _____ **PHONE #:** _____

ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

SIGNED: _____

School now attending _____ Grade _____

Address _____ Town _____

***Section 3635 of (1)(a) of the Education Law require that a school district provide transportation to a non-public school for all students who live up to 15 miles from a school when a written request has been submitted no later than April 1st Each Year.**