

**PRIVATE SCHOOL TRANSPORTATION FORM FOR SOUTH COUNTRY CSD**

**TRANSPORTATION REQUEST FOR 2024-2025**

My child resides in the South Country Central School District. In accordance with the laws of the State of New York, I hereby formally request transportation for my son/ daughter to:

_____ NAME OF SCHOOL	_____ SCHOOL HOURS
_____ ADDRESS OF SCHOOL	_____ SCHOOL PHONE #
_____ CITY STATE ZIP CODE	_____ TODAY'S DATE

In addition, I hereby notify you that I have authorized the Principal of the above mentioned school to act as my representative in requesting transportation this coming year. The authorization is valid until revoked.

_____ PARENT OR GUARDIAN SIGNATURE	_____ PHONE NUMBER	
_____ EMERGENCY CONTACT	_____ RELATIONSHIP TO STUDENT	_____ EMERGENCY PHONE #

**STUDENT INFORMATION**

_____ PUPIL'S NAME	_____ DATE OF BIRTH	_____ GRADE
_____ ADDRESS	_____ NEAREST CROSS STREET	
_____ CITY STATE ZIP CODE	_____ LAST YEARS BUS STOP	

**IMPORTANT:** Transportation request forms must be submitted prior to April 1, 2024. FAILURE TO COMPLY MAY MEAN DENIAL OF TRANSPORTATION. DO NOT RETURN THIS FORM TO THE SCHOOL. Requests received after April 1, 2024 **MUST** have a letter explaining the reason for applying for transportation late and are subject to availability of room on the bus.

ALL STUDENTS MUST BE REGISTERED IN THE SOUTH COUNTRY CENTRAL SCHOOL DISTRICT IN ORDER TO RECEIVE TRANSPORTATION AND TEXTBOOKS. A TRANSPORTATION REQUEST FORM MUST BE COMPLETED FOR EACH CHILD.

PLEASE RETURN FORMS TO: Towne Bus LLC - 3601 Horseblock Rd, Medford, NY 11763 Attn: Lorraine