

**COMMACK PUBLIC SCHOOLS  
TRANSPORTATION DEPARTMENT  
P.O. BOX 150  
COMMACK, NEW YORK 11725  
Phone: 631-912-2020      Fax: 631-912-2051**

Dear Parent/Guardian:

In accordance with NYSED, Commack School District can only provide transportation services to students according to the Commack School District's calendar. Parents will be responsible to transport if schools begin prior to September 1<sup>st</sup> or end after June 30<sup>th</sup>.

Instructions for completing your application for private and parochial transportation requests are as follows:

- ❖ The application form on the back of this letter must be completed in its entirety. If there is any missing information, including school's address, the form will be returned;
- ❖ Only **one** registrant per application form;
- ❖ Please **PRINT** all information;
- ❖ The applications must be returned to Commack School District's Transportation Office no later than **April 1<sup>st</sup>** – failure to do so can result in denial of transportation services;
- ❖ If you are registering a Kindergarten student, you must enclose a copy of the child's birth certificate;
- ❖ If your child is "latch key", meaning that your child can let himself/herself in your home without adult supervision, please designate;
- ❖ Please notify the Transportation Department at the above number if you move out of the Commack School District's boundary;
- ❖ Again, the completed application must arrive in the Transportation Office, by **April 1<sup>st</sup>**.

Thank you for your cooperation.

COMMACK PUBLIC SCHOOLS  
TRANSPORTATION DEPARTMENT  
P.O. BOX 150  
COMMACK, NEW YORK 11725  
Phone: 912-2020 Fax: 912-2051

**PRIVATE & PAROCHIAL TRANSPORTATION REQUEST**

Please **print** all information. See reverse side for instructions.

I hereby formally request transportation for my son/daughter for the **2022/2023** school year to:

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(Name/Address/Telephone Number of School)

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Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Grade (as of 9/22): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work Phone: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Emergency Phone: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Emergency drop off information (Must be completed):**

Name: \_\_\_\_\_  
(Must be within Commack School District's boundary)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Latch Key: \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\* Please enclose copy of birth certificate for all Kindergarten students\*\***

**Forms must be returned to above address by  
April 1<sup>st</sup> deadline.**

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_