



**ELWOOD UNION FREE SCHOOL DISTRICT**

*Transportation Department*

100 Kenneth Avenue

Greenlawn, NY 11740

Phone: 631-266-5400 x5435 – Fax: 631-266-1576

Email: [transportation@elwood.k12.ny.us](mailto:transportation@elwood.k12.ny.us)

**PRIVATE / PAROCHIAL SCHOOL TRANSPORTATION REQUEST FORM**

*(Due by April 1<sup>st</sup> every year – form may be mailed, faxed or emailed)*

I hereby formally request Transportation for my child for the 2025-2026 school year to:

\_\_\_\_\_  
School

\_\_\_\_\_  
School Address

\_\_\_\_\_  
School last attended

**STUDENT INFORMATION**

*(Please use one form for each student)*

If you are new to the district or registering a Kindergarten student,  
you must prove residency prior to requesting transportation.

Please contact the Registration Department @ 631-266-5400 x1455 or  
via email [registration@elwood.k12.ny.us](mailto:registration@elwood.k12.ny.us).

Name: \_\_\_\_\_

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

Grade (as of 9/2025): \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency #: \_\_\_\_\_

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

Parent Guardian Signature: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Date: \_\_\_\_\_