



Port Jervis

SCHOOL DISTRICT

Transportation Department
20 Route 209
PO Box 1104
Port Jervis, New York 12771

(845) 858-3213
Fax (845) 858-3218

TRANSPORTATION REQUEST TO PRIVATE SCHOOL

Date: _____

To Whom It May Concern:

In accordance with the laws of the State of New York, I hereby formally request transportation for _____ to the _____.

(Name of Student)

(Name of School)

_____ during the
(Address of School)

coming scholastic year. The student's date of birth is _____ and will enter
_____ Grade in September, _____.

(Year)

Student's Address: _____

Mailing Address: _____

Home Telephone: _____ Emergency Number: _____

Name of Emergency Contact Person: _____

In addition to making this request directly, I wish to inform you that I have authorized the Principal of _____ School or his or her successor in that position, to be my representative in requesting transportation for my child/children in attendance at the above named school or unless I expressly revoke such request.

Note: Prior to final approval of transportation, student(s) must be registered with the Port Jervis City School District and meet the birth date guidelines as prescribed by Port Jervis.

(Signature of Parent/Guardian)

(Signature of School Official)

