



# Port Jervis

SCHOOL DISTRICT

Transportation Department  
P.O. Box 1104  
Port Jervis, New York 12771

(845) 858-2150  
Fax (845) 858-2160

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## 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 \_\_\_\_\_, \_\_\_\_\_ during the \_\_\_\_\_

(Name of Student) (Name of School) (Address of School)

2010-2011 school year. The student's date of birth is \_\_\_\_\_ and will enter \_\_\_\_\_ Grade in September 2010.

Student's Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Emergency Contact Person: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

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)



