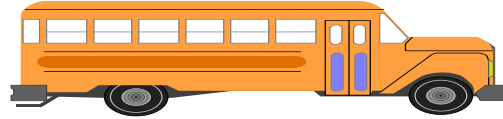


REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS AND CERTIFIED DAY CARE FACILITIES



THIS APPLICATION MUST BE FILED WITH THE WEST ISLIP SCHOOL DISTRICT BY:

APRIL 1, 2018

Part A: To be completed whenever school bus service is required.

I hereby request that transportation be provided for my son / daughter to / from:

(Please print)

a non-public school, located at the following address for the 2018 – 2019 school year.

School: _____

Address: _____

Phone: _____

(please print)

Name of Student: _____

(Please Print)

Home Address: _____

(Please Print)

Telephone: Home # _____

Work # _____

Cell # _____

Birth Date: _____

Age: _____

Grade: _____

(effective September 2018)

Signed: _____

Date: _____

(Name of Parent / Guardian)

Part B: To be completed only if this request is a late request.

The reason I am submitting a late request for transportation service is:

Return to: **TRANSPORTATION DEPARTMENT**
West Islip Public Schools
100 Sherman Avenue
West Islip, NY 11795

(Phone: 893-3300)

(Fax: 893-3383)