

RIVERHEAD CENTRAL SCHOOL DISTRICT

700 Osborne Avenue
Riverhead, NY 11901-2996

TRANSPORTATION REQUEST FORM

TO: Riverhead CSD – Transportation Department
700 Osborne Avenue
Riverhead, New York 11901

In accordance with the laws of the State of New York, I hereby formally request transportation for _____ to attend _____
(Name of Student) (Name of School)
_____ during the 2009 – 2010 School
(Address of School)
Year on all days this school is in session.

This pupil is _____ years of age, born on _____ and will
(Date of Birth)
enter the _____ grade in September 2009.

Please provide your personal and home information.

Mother's name/phone # - _____
(Cell/Work Numbers)

Father's name/phone # - _____
(Cell/Work Numbers)

(Home Phone Number and Address)

Please provide emergency contact information. (not including yourself)

Name _____ Name _____
Address _____ Address _____

Telephone #s _____ Telephone #s _____

Please fill out individual request for each child. All requests must be received by this district **no later than April 1st** of the preceding school year. If not received by that date there is a possibility that there might not be a seat available.

A request form must be filled out each year that the child will attend a private or parochial school

Please Print Name (Parent / Guardian)

Signature of Parent / Guardian

Phone Number

Date of Request