

****LATE APPLICATION****

This application must be returned before April 1, 2019 to:

ROCKVILLE CENTRE UNION FREE SCHOOL DISTRICT

Transportation Office
Administration Building
128 Shepherd Street
Rockville Centre, NY 11570-2298

APPLICATION FOR OUT-OF-DISTRICT TRANSPORTATION

I hereby request transportation for:

STUDENT'S NAME

NAME OF SCHOOL

HOME STREET ADDRESS

SCHOOL STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

HOME TELEPHONE NUMBER

SCHOOL TELEPHONE NUMBER

EMERGENCY CONTACT NAME

EMERGENCY CONTACT TELEPHONE NUMBER

DATE OF BIRTH

SCHOOL HOURS

DATE TRANSPORTATION TO BEGIN

GRADE FOR 2019/2020 SCHOOL YEAR

SIGNATURE OF PARENT/GUARDIAN

DATE

FOR KINDERGARTEN CHILDREN ONLY:

A copy of the student's birth certificate must be attached. Application will not be processed without it.

**PLEASE NOTIFY THE TRANSPORTATION OFFICE IMMEDIATELY OF ANY
CHANGES OR CANCELLATIONS**

If you wish acknowledgment of your application, please send a **self-addressed stamped envelope**. We will return this form as confirmation of receipt. Please insert child's name.

Application for _____ has been received by the Rockville
Centre Transportation Office.