****LATE APPLICATION****

This application must be returned before April 1, 2018 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 2018/2019 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.