

This application must be returned before April 1, 2021 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

PARENT E-MAIL

EMERGENCY CONTACT NAME

EMERGENCY CONTACT TELEPHONE NUMBER

DATE OF BIRTH

SCHOOL HOURS

DATE TRANSPORTATION TO BEGIN

GRADE FOR 2021/2022 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.