

Sag Harbor Union Free School District

200 Jermain Avenue, Sag Harbor, New York, 11967

Transportation Request Form for Private and Parochial Schools

In accordance with the laws of the State of New York, I hereby formally request transportation.

For _____ To _____
(Name of Student) (School)

During the 20__ - 20__ school year. The pupil for whom I am requesting transportation is _____ years of age. His / Her date of birth is _____, and he / she will enter _____ grade in September.

He / She resides at _____

Closest intersection to his / her home _____

Signature of Parent / Guardian _____

Home Phone _____ Cell _____

Date: _____

Please fill out individual requests for each child.

All requests must be received by the district no later than April 1st of the preceding year.

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

Sag Harbor Public Schools - Out of District Registration Form

Office Use Only

Registration Date: _____ Student ID # _____ Proof of Residency _____

Please select one: Hayground Ross St. John the Baptist Stony Brook School
 OLH Southampton Montessori Other _____

PLEASE PRINT

STUDENT INFORMATION: LIST NAME AS APPEARS ON BIRTH CERTIFICATE

Last Name First Name Middle Name

Gender: Male Female Date of Birth: (MM/DD/YYYY) ____/____/____

IS THE STUDENT HISPANIC, LATINO, OR OF SPANISH ORIGIN? YES NO

Child's Ethnic Code: American Indian/Alaskan Native Asian Black White Native Hawaiian/Pacific Islander

Household Language _____ Special Program 504 IEP ELL

Address

Mailing Address if Different

Legal Father/Parent/Guardian: _____

Phone Number: Home _____ Cell _____

Email Address: _____

Legal Mother/Parent/Guardian: _____

Phone Number: Home _____ Cell _____

Email Address: _____

Signature of Parent/Guardian

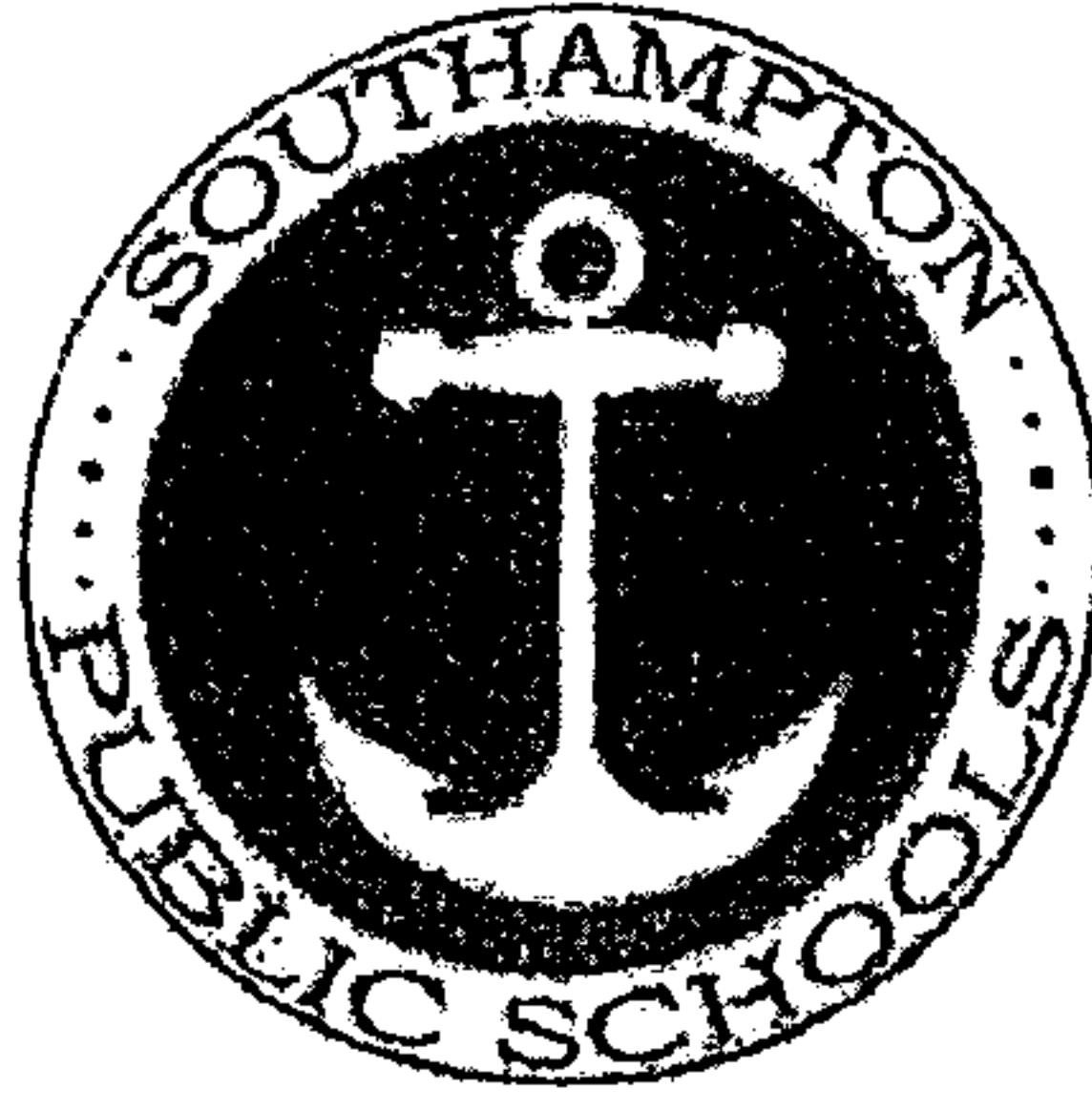
Date

Sworn to before me this ____ day of _____, 202__

Notary Public _____

Nicholas J. Dyno, Ed.D.
Superintendent of Schools

Jean E. Mingot
Ass't Superintendent for Business



District Office
70 Leland Lane
Southampton, NY 11968

Phone: 631-591-4500
Fax: 631-287-2870

Transportation Request Form for Private & Parochial School

In accordance with the law of the state of New York, I hereby formally request transportation

For _____ to
Name of Student

_____ during the 20__ - 20__
Name of School

School year on all days this school is in session. The pupil for who I am requesting transportation is

_____ years of age. His/Her date of birth is _____, and he/she will enter

_____ grade in September. He/She resides at _____.

The closest intersection to his/her home is _____.

Signature of Parent/Guardian

Home Phone

Date

Additional Phone (cell or work)

Please fill out individual requests for each child.

All requests must be received by the District no later than April 1st of the preceding year.

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

MISSION STATEMENT:

Southampton School District, in partnership with our diverse community, will educate students in a safe, supportive environment and equip them with the knowledge, values and skills to become responsible citizens in a dynamic global society.

2024-2025 TRANSPORTATION REQUEST FORM

FOR

OUR LADY OF THE HAMPTONS SCHOOL

Quogue

East Hampton

Sagaponack

East Quogue

Tuckahoe

Bridgehampton

Wainscott

Shelter Island

Other _____

STATE LAW REQUIRES THIS APPLICATION TO BE FILED BEFORE APR. 1, 2024

In accordance with the laws of the State of New York, I hereby formally request transportation for _____ to attend Our Lady of the Hamptons School,

(Name of child)

at 160 North Main Street, Southampton, NY during the 2024-2025 school year on all days this school is in session.

This student is _____ years of age, born on _____ and will enter the Grade _____ in September 2024.

Please provide your personal and home information.

Mother's first and last name _____

Mother's cell and work phone# _____

Father's first and last name _____

Father's cell and work phone# _____

Home Street Address: _____

Home Phone# _____ Email: _____

Please provide emergency contacts information (do not include yourself)

Name _____ Phone# _____

Address _____

Name _____ Phone # _____

Address _____

Parent/Guardian Name (Please print) _____

Signature of Parent/Guardian _____

Date of Request _____

Hampton Bays Union Free School District

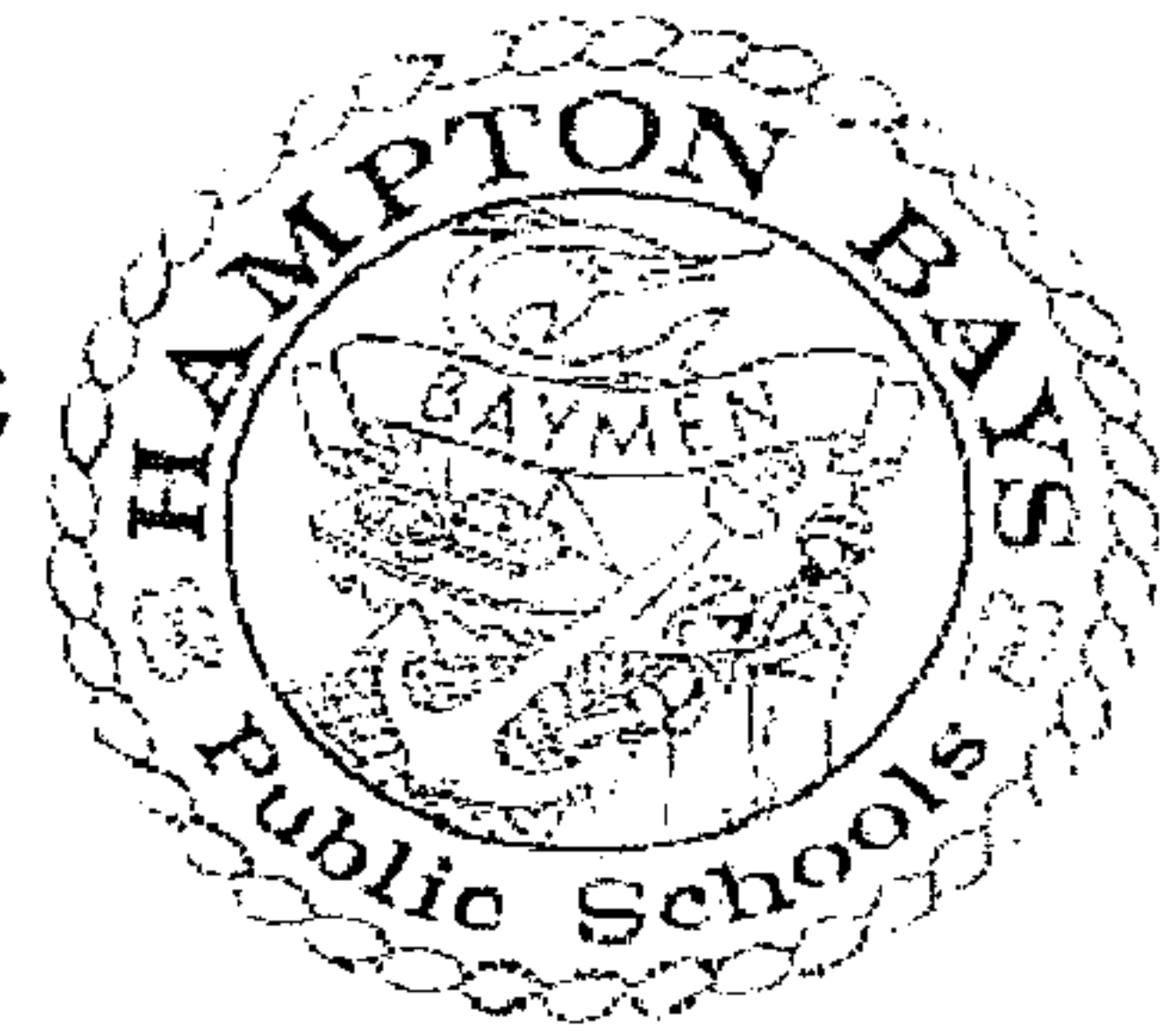
Office of Transportation

86 Argonne Road East

Hampton Bays, New York 11946

(631) 723-2100

evelasquez@hbschools.us



TRANSPORTATION REQUEST FOR PRIVATE AND PAROCHIAL SCHOOLS

In accordance with the laws of the State of New York, I hereby formally request transportation for my child during the **2024-25** school year on all days this school is in session.

CHILD'S NAME: _____ D.O. B _____

Grade in September 2024-25: _____

Home ADDRESS _____

NAME OF SCHOOL ATTENDING _____

Parent Name: (Mother): _____ Phone #: _____

Parent Name: (Father): _____ Phone #: _____

DATE OF REQUEST: _____

Emergency Contact Information (NOT INCLUDING YOURSELF)

Name: Phone #: _____

Name: Phone #: _____

In accordance with the laws of the State of New York;

- A separate form is needed for each child attending a private or parochial school
- Transportation will not be available for students unless this form is submitted to the Hampton Bays School District by April 1st of the preceding school year.
- A new request form must be filled out each year that your child attends a private or Parochial School.
- **Transportation will not be provided for students whose families have not properly Registered with the Hampton Bays School District.**

Signature of Parent/Guardian: _____

Hampton Bays Union Free School District

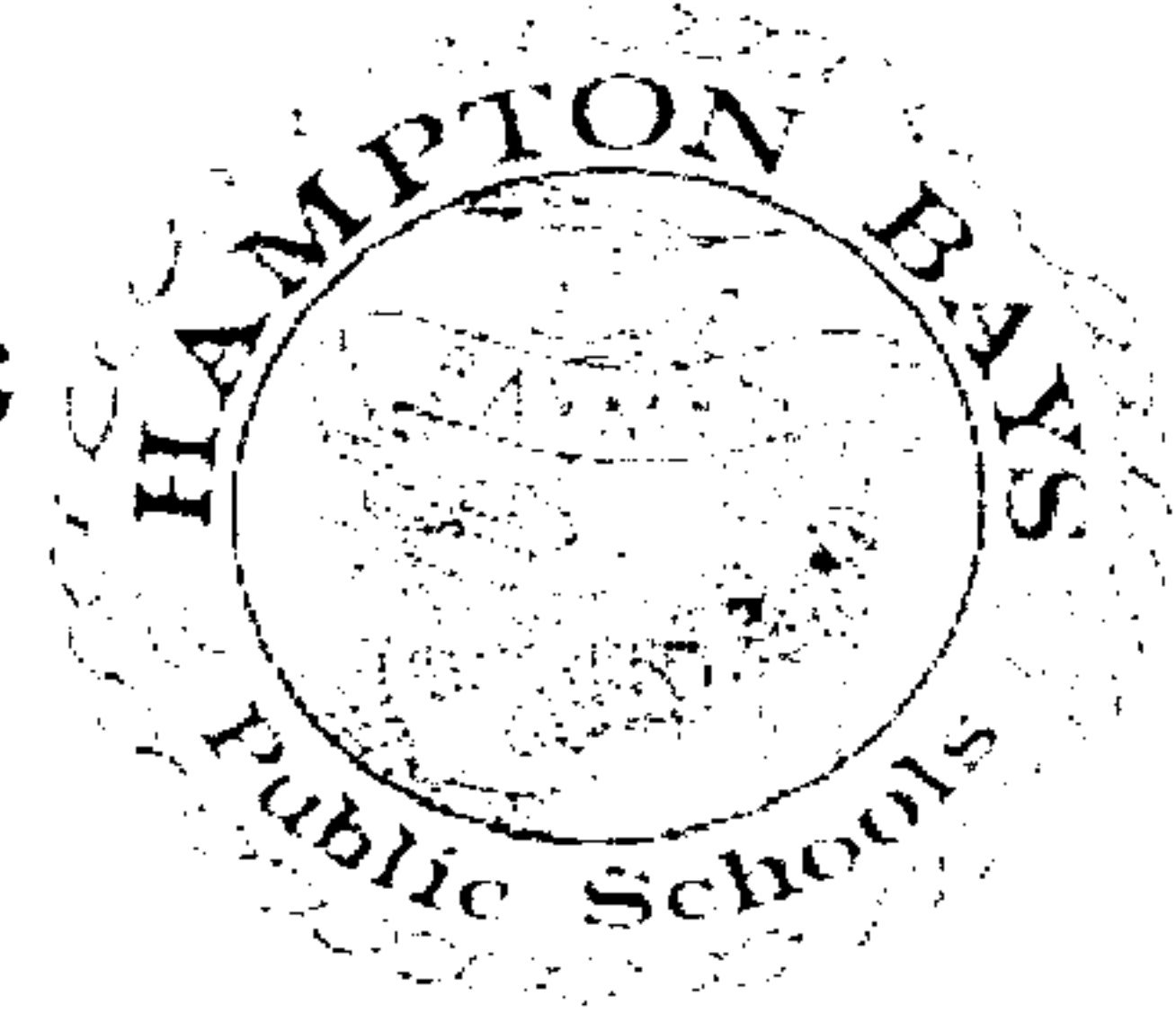
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SOLICITUD DE TRANSPORTE PARA ESCUELAS PRIVADAS Y PARROQUIALES

De acuerdo con las leyes del Estado de Nueva York, por la presente solicito formalmente el transporte para mi hijo durante el año escolar **2024-25** en todos los días que esta escuela está en sesión.

NOMBRE DEL NIÑO: _____ D.O.B _____

Grado en septiembre de 2024-25: _____

Domicilio _____

Nombre de la escuela _____

Nombre de los padres: (Madre): _____

Teléfono #: _____

Nombre de los padres: (Padre): _____

Teléfono #: _____

Fecha de la solicitud: _____

Información de contacto de emergencia (SIN INCLUIRSE A USTED)

Nombre: Teléfono #: _____

Nombre: Teléfono #: _____

De acuerdo con las leyes del Estado de Nueva York;

- Se necesita un formulario separado para cada niño que asiste a una escuela privada o parroquial
- El transporte no estará disponible para los estudiantes a menos que este formulario se envíe al Distrito Escolar de Hampton Bays antes del 1 de abril del año escolar anterior.
- Se debe completar un nuevo formulario de solicitud cada año que su hijo asista a una escuela privada o parroquial.
- **No se proporcionará transporte para los estudiantes cuyas familias no se hayan registrado correctamente en el Distrito Escolar de Hampton Bays.**

Firma del padre/tutor: _____