

# 2025-2026 TRANSPORTATION REQUEST FORM

FOR

## OUR LADY OF THE HAMPTONS SCHOOL

Quogue  
East Hampton  
Sagaponack  
East Quogue

Tuckahoe  
Bridgehampton  
Wainscott  
Other \_\_\_\_\_

Shelter Island

*STATE LAW REQUIRES THIS APPLICATION TO BE FILED **BEFORE** APR. 1, 2025*

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 2025-2026 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 2025.

### **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 \_\_\_\_\_

# 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 1<sup>st</sup> of the preceding year.

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

Transportation Department: 631-725-5300 ext 414  
Maude Stevens MStevens@sagharborschools.org

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 1<sup>st</sup> 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.

# RIVERHEAD CSD

## PRIVATE AND PAROCHIAL SCHOOL TRANSPORTATION FORM

THIS FORM MUST BE FILLED PRIOR TO **APRIL 1** PRECEDING THE NEW SCHOOL YEAR

**\*\*New Private & Parochial students or anyone changing school or address, prior to completing this form, must register in person at Riverhead CSD Registration Office (Welcome Center) - 700 Osborn Avenue, Riverhead, NY 11901**

Please call or email us for an appointment at ppsreg@g.riverhead.net or (631) 369-6706.

Date of Application: \_\_\_\_\_ School Year of: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell/Work Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

School the student is currently attending or Transferring from: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

☐ NO TRANSPORTATION NEEDED

☐ TRANSPORTATION NEEDED

### **TRANSPORTATION INFORMATION**

In accordance with the laws of New York State, I hereby request transportation for the school year of:

\_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Hours: \_\_\_\_\_ Pick up Request: ☐ AM only ☐ PM only ☐ AM & PM

(FYI - there is no late bus transportation available)

**\*\* Any New Resident requesting transportation to a Private or Parochial School or anyone with a change of address must provide the proper documentation as designated by the Riverhead CSD registration process**

ALL kindergarten students must be five (5) years of age on or before December 1st in order to be eligible for transportation during the school year.

**\*\*New Private & Parochial students or anyone changing school or address, prior to completing this form, must register in person at Riverhead CSD Registration Office (Welcome Center) - 700 Osborn Avenue, Riverhead, NY 11901**

**Please call for an appointment at (631) 369-6706.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# RIVERHEAD CSD

## FORMULARIO DE TRANSPORTE ESCOLAR PRIVADO Y PARROQUIAL

ESTE FORMULARIO DEBE COMPLETARSE ANTES DEL **1 DE ABRIL** ANTERIOR AL NUEVO AÑO ESCOLAR

**\*\*Los nuevos estudiantes privados y parroquiales o cualquier persona que cambie de escuela o dirección, antes de completar este formulario, deben registrarse en persona en la Oficina de Registro de Riverhead CSD (Centro de Bienvenida) -**

**700 Osborn Avenue, Riverhead, NY 11901**

**Por favor llámenos o envíenos un correo electrónico a ppsreg@g.riverhead.net o (631) 369-6706.**

Fecha de aplicación: \_\_\_\_\_ Año escolar de: \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_

Dirección: \_\_\_\_\_

Nombre de Padre/Tutor: \_\_\_\_\_

Número de teléfono de casa: \_\_\_\_\_ Numero de Celular: \_\_\_\_\_

Contacto de emergencia: \_\_\_\_\_ Numero de Celular: \_\_\_\_\_

Escuela a la que el estudiante asiste actualmente o de la que se está transfiriendo: \_\_\_\_\_

Grade Entrante: \_\_\_\_\_

☐ NO NECESITA TRANSPORTE

☐ TRANSPORTE NECESARIO

### INFORMACIÓN DE TRANSPORTE

De acuerdo con las leyes del estado de Nueva York, por la presente solicito transporte para el año escolar de::

\_\_\_\_\_

Nombre de Escuela: \_\_\_\_\_

Dirección de Escuela: \_\_\_\_\_

Horario Escolar: \_\_\_\_\_ Solicitud de recogida: ☐ solo AM ☐ solo PM ☐ AM & PM

(Para su información: no hay transporte de autobús disponible en horario después de escuela)

**\*\* Cualquier residente nuevo que solicite transporte a una escuela privada o parroquial o cualquier persona con un cambio de dirección Debe proveer la documentación adecuada según lo designado por el proceso de registro de Riverhead CSD**

**TODOS los estudiantes de Kinder deben tener cinco (5) años de edad el 1 de Diciembre o antes para ser elegibles para el transporte durante el año escolar.**

**\*\*Los nuevos estudiantes de escuelas privadas y parroquiales o cualquier persona que cambie de escuela o dirección, antes de completar este formulario, deben registrarse en persona en la Oficina de Registro de Riverhead CSD (Centro de bienvenida): 700 Osborn Avenue, Riverhead, NY 11901**

**Llame para una cita al (631) 369-6706.**

\_\_\_\_\_  
Firma de Padre o Tutor

\_\_\_\_\_  
Fecha



# Hampton Bays Union Free School District

## Office of Transportation

86 Argonne Road East

Hampton Bays, New York 11946

(631) 723-2100

[evelasquez@hbschools.us](mailto: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 **2025-2026** 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 1<sup>st</sup> 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

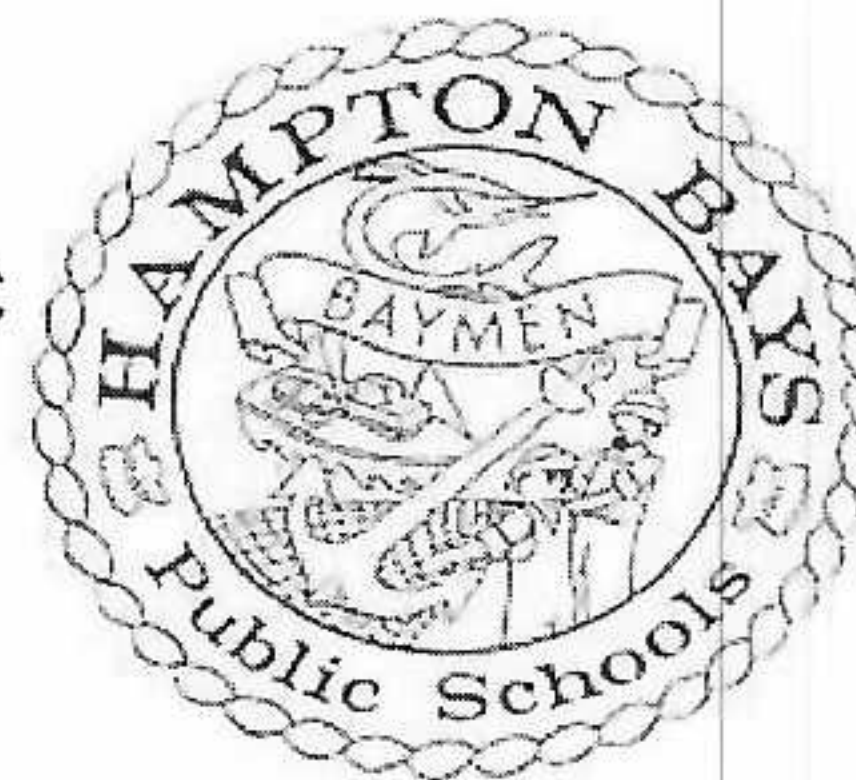
## Office of Transportation

86 Argonne Road East

Hampton Bays, New York 11946

(631) 723-2100

[evelasquez@hbschools.us](mailto:evelasquez@hbschools.us)



### 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 **2025-2026** 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: \_\_\_\_\_