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 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.

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 1st of the preceding year.
A request form must be filled out each year that the child will attend a private or parochial school.

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: _____

Direccion de Escuela: _____

Horario Escolar: _____ Solicitud de recogida: ☐ solo AM ☐ solo PM ☐ AM & PM

(Para su información: no hay transporte de autobús disponible en horario despues 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 Distric

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 **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 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 Distric

Office of Transportation
86 Argonne Road East
Hampton Bays, New York 11946
(631) 723-2100
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:_____