

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 NativeHawaiian/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 _____