

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.

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.

HAMPTON BAYS UNION FREE SCHOOL DISTRICT
86 East Argonne Road
Hampton Bays, NY 11946
(631) 723-2100 Fax: (631) 723-2113
www.hbschools.us

TRANSPORTATION REQUEST FOR PRIVATE AND PAROCHIAL SCHOOLS

TO: HAMPTON BAYS SCHOOL DISTRICT – TRANSPORTATION DEPT.
86 East Argonne Road
Hampton Bays, NY 11946

In accordance with the laws of the State of New York, I hereby formally request transportation for my child during the 2020-21 school year on all days this school is in session.

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

Grade in September 2020: _____

HOME ADDRESS: _____

NAME OF SCHOOL ATTENDING: _____

PARENT NAME : (Mother): _____ Phone #: _____
Cell #: _____

PARENT NAME :(Father): _____ Phone #: _____
Cell #: _____

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 required 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 who families have not properly Registered with the Hampton Bays School District.

Signature of Parent/Guardian: _____

2020-2021 TRANSPORTATION REQUEST FORM

FOR

OUR LADY OF THE HAMPTONS SCHOOL

Quogue
East Hampton
Sagaponack

Tuckahoe
Bridgehampton
Wainscott
Other _____

East Quogue

STATE LAW REQUIRES THIS APPLICATION TO BE FILED BEFORE APR. 1, 2020

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 2020-2021 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 2020.

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# _____

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 _____