**VALLEY STREAM UNION FREE SCHOOL DISTRICT TWENTY-FOUR**

75 Horton Avenue, Valley Stream, N.Y. 11581 Phone: (516) 434-2838 vmcgovern@vs24.org

 Facsimile: (516) 256-0214

**ANNUAL TRANSPORTATION REQUEST FORM**

**For Out-of-District Transportation 2025-2026 School Year**

My Son/ Daughter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last

Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street Address, City, State, Zip)

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Mom/Guardian Name) (Dad/Guardian Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Mom/Guardian Cell Phone #) (Dad/Guardian Cell Phone#)

Emergency Contact & Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION FOR THE 2025-2026 SCHOOL YEAR REQUESTED TO THE SCHOOL LISTED BELOW**

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

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

 (Street Address City State Zip)

School Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Day of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Day of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

He/She will be entering Grade \_\_\_\_\_\_\_\_\_\_ in September, 2025

The hours of school are from \_\_\_\_\_ AM to \_\_\_\_\_\_ PM daily If Friday hours are different: \_\_\_\_\_\_AM to \_\_\_\_\_\_ PM

***\*Note: Valley Stream UFSD #24 does NOT provide a late bus***

**All applications must be accompanied by proofs of residency.**

**If you have never requested transportation in the past or skipped a year, you must pick up a Residency Packet at the VS24 district Residency Office, located at 1 Kent Road, Valley Stream OR go online to valleystreamdistrict24.org to print out a residency packet. The phone number of the Residency Office is (516) 872-5694.**

* If the student’s last name is different from the parent, please submit appropriate documentation.
* All documents submitted must show the name and address of resident.

If you are undecided as to which private/parochial school your child will be attending, please list the names of schools you are considering on the reverse side of this application, to ensure that your child will have transportation in September. This will help us anticipate the district’s needs for transportation for the 2025-2026 school year. All requests are due in our office by ***April 1, 2025.***

Upon receipt of this application you will receive an acknowledgment verifying that your request is on file. Keep the verification notice as your receipt.

**STATE LAW REQUIRES THAT YOU FILE A NEW TRANSPORTATION APPLICATION EVERY YEAR THAT YOUR CHILD WILL REQUIRE TRANSPORTATION SERVICES.**

**IN ACCORDANCE WITH NYS LAW, ALL TRANSPORATION ARRANGEMENTS ARE DETERMINED SOLELY BY VALLEY STREAM UFSD #24**

***\*****If your child will be entering* ***Grade 7*** *in September, you must contact Valley Stream Central High School District, Attn: Ms. Reta Martin, Transportation Office at (516)872-5616 or write to: Valley Stream CHSD, One Kent Road, Valley Stream, NY 11580.*

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_