GOSHEN CENTRAL SCHOOL DISTRICT

PAROCHIAL / PRIVATE SCHOOL

TRANSPORTATION REQUEST FOR THE SCHOOL YEAR

(ENTER SCHOOL YEAR)

P: (845)615-6700 FAX:(845)615-6707

In accordance with the laws of th	e State of New Yo	rk, I hereby formally request
transportation to(NAN		, which is located
	•	
at		during the coming scholastic year on
all days this school is in session, p		
The puril for whom I am request	ing transportation	en District is in session.
The pupil for whom I am requesti	ing transportation	,, (STUDENT'S NAME)
was born on in th	e City of	and State of
The student will enter		
If EXCHANGE STUDENT:		
Date entered USA:	_ Country:	Female / Male (circle)
This authorization form prior to <u>APRIL 1st</u> of eac		o the Transportation Department ving school year.
Signature of Parent Guardian	9	Signature of Parent or Guardian
PRINT Name of Parent		PRINT Name of Parent or Guardian
Address	City/Town/Zip	Phone Number
Emergency Contact Person		Emergency Contact Phone Number
TRA	ANSPORTATION U	SE ONLY
MILEAGE:		
STUDENT I.D. NUMBER:		
COMMENTS:		·
Superintendent's Signature:		