

GOSHEN CENTRAL SCHOOL DISTRICT
TRANSPORTATION REQUEST FOR THE
SCHOOL YEAR

(ENTER SCHOOL YEAR)

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

In accordance with the laws of the State of New York, I hereby formally request transportation to _____, which is located
(NAME OF SCHOOL)
at _____ during the coming scholastic year on
(SCHOOL ADDRESS)
all days this school is in session, provided the Goshen District is in session.
The pupil for whom I am requesting transportation, _____,
(STUDENT'S NAME)
was born on _____ in the City of _____ and State of _____.
The student will enter _____ grade in September.

If EXCHANGE STUDENT:

Date entered USA: _____ Country: _____ Female / Male (circle)

This authorization shall remain in effect until I expressly revoke this request.
This authorization form must be delivered to the Transportation Department
prior to APRIL 1st of each year for the following school year.

Signature of Parent Guardian

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

TRANSPORTATION USE ONLY

MILEAGE: _____

STUDENT I.D. NUMBER: _____

COMMENTS: _____

Superintendent's Signature: _____