

APPLICATION FOR TRANSPORTATION

TO: BOARD OF EDUCATION
SOUTH HUNTINGTON UFSD
24 HARDING PLACE
HUNTINGTON STATION, NY 11746

ATTENTION: TRANSPORTATION SUPERVISOR

I understand that transportation must be applied for annually, **PRIOR TO APRIL 1st.**

I certify that I am a resident of South Huntington UFSD and hereby request transportation for my child for the school year 20____ - _____.

STUDENT NAME:

Last

First

DATE OF BIRTH: _____ GRADE: _____

CHILD WILL ATTEND: FULL SESSION _____ HALF SESSION: _____

ADDRESS OF STUDENT: _____
Street

Post Office

Zip Code

TELEPHONE NO: _____

TRANSPORTATION IS REQUIRED TO THE FOLLOWING SCHOOL:

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

Post Office

Zip Code

TELEPHONE NO: _____

CLASSES BEGIN AT _____ A.M. DISMISS AT _____ P.M.

DATE: _____ SIGNATURE: _____
Parent

NOTE: PLEASE NOTIFY THE SOUTH HUNTINGTON TRANSPORTATION DEPT. AT (631) 812-3088 SHOULD THIS TRANSPORTATION NO LONGER BE REQUIRED.

FOR PUPIL SERVICES ONLY:

VERIFICATION OF RESIDENCY: YES: _____ NO: _____

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