



Transportation Department  
55 Major MacDonald Way • Wappingers Falls, NY 12590 • (845) 298-5225 x44104 • Fax (845) 298-5210

**APPLICATION FOR BUS TRANSPORTATION**

**(For Approved Schools Other Than WCSD)**

For School Year \_\_\_\_\_

**APPLICATION MUST BE SUBMITTED PRIOR TO APRIL 1**

Education Law 3635 (2) provides in pertinent part:

A parent or guardian of a child residing in any school district, or any representative authorized by such parent or guardian, who desires for a child during the next school year any transportation authorized or directed by this chapter shall submit a written request therefore to the school trustees or board of education of such district not later than the first day of April preceding the next school year, provided, however, that a parent or guardian of a child not residing in the district on such date shall submit a written request within thirty days after establishing residence in the district. Students must reside within 15 miles of the school they are attending.

**PARENT TO COMPLETE** *(Please print or type)*

Parent or Legal Guardian Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE LIST ALL CHILDREN REQUIRING TRANSPORTATION**

\*Parents with children attending more than one private or parochial school must submit an application each school.\*

<u>STUDENT'S NAME</u>	<u>DATE OF BIRTH</u>	<u>GRADE ENTERING</u>	<u>SCHOOL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School Currently Attending \_\_\_\_\_

**FOR NEW RESIDENTS ONLY:** Old Residence \_\_\_\_\_ Date Moved into WCSD \_\_\_\_\_

**ANY CHANGE IN ABOVE REQUEST SHOULD BE SUBMITTED TO THE TRANSPORTATION DEPARTMENT AS SOON AS POSSIBLE.**

**\*If day care is needed, a day care form is required to be filled out by April 1 at Transportation\***

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

To be completed by school referred to in the above right hand column after parent has completed and signed the upper portion of this form.

I certify that the above named pupil(s) is/are enrolled in the \_\_\_\_\_ School for the \_\_\_\_\_ / \_\_\_\_\_ school year.

Signature of School Principal: \_\_\_\_\_ Date \_\_\_\_\_