

JAMESVILLE - DEWITT CENTRAL SCHOOL DISTRICT



TRANSPORTATION DEPT.
EDINGER DRIVE
P.O. BOX 606
DEWITT, NEW YORK 13214
TELEPHONE 445-8390

Date: _____

Dear parent or Guardian:

In accordance with the laws of the State of New York, I hereby formally request transportation

for _____ during the upcoming
(PUPILS NAME)

Scholastic year _____ on all days Jamesville DeWitt Schools are in session.

The pupil will enter _____ grade in the fall of _____.
(YEAR)

The students birth date is: _____

The pupil resides at: _____

Residence phone number: _____

Mother's Name: _____ Work phone: _____

Father's Name: _____ Work phone: _____

Emergency Name: _____ Emergency phone: _____

In addition to making this request directly, I wish to inform you that I have authorized the principal of _____ to be my representative in requesting
(Name of School)
transportation for my child. This authorization shall remain effective throughout the school year or I otherwise revoke this request. This must be in no later than April 1 of every year. Thank you.

(Signature of parent or guardian)

(Print name of parent or guardian)