

----- **JAMESVILLE – DEWITT CENTRAL SCHOOLS** -----

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 **(Student's Name)** _____ during the upcoming scholastic year _____ on all days Jamesville DeWitt Schools are in session.

The student will enter _____ grade in the fall of _____ **(Year)**.

The student's birth date is: _____

The student resides at: _____

Home phone number: _____

Mother's Name: _____ Work/Cell phone: _____

Father's Name: _____ Work/Cell phone: _____

Emergency Contact: _____ Emergency Contact #: _____

In addition to making this request directly, I wish to inform you that I have authorized the principal of **(Name of School)** _____ to be my

representative in requesting transportation for my child. This authorization shall remain effective throughout the school year or I otherwise revoke this request.

Thank You.

(Signature of parent or guardian)

(Print name of parent of guardian)