

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

Transportation request form for Private and Parochial Schools

Transportation Dept  
Edinger Drive  
P.O.Box 606  
Dewitt, New York 13214

Phone 315-445-8388  
Fax 315-445-8311

This form **MUST** be received before April 1<sup>st</sup> of each year for transportation in the following school year.

Date: \_\_\_\_\_

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)**