

CENTRAL ISLIP PUBLIC SCHOOLS

PRIVATE / PAROCHIAL TRANSPORTATION REQUEST



REQUEST DATE: _____

AUTHORIZED BY: _____

START DATE: _____

STS OFFICE USE:

REQUEST TYPE:

- NEW STUDENT
- RETURNING STUDENT
- ADDRESS/INFO CHANGE

STUDENT'S LAST NAME: _____

STUDENT'S FIRST NAME: _____

HOME ADDRESS: _____

PICK UP/ DROP OFF ADDRESS: _____

CROSS STREET / CORNER STOP: _____

HOME PHONE #: _____

GRADE AS OF SEPTEMBER: _____

ALT./EMER. #: _____

ALT./EMER. #: _____

DESTINATION SCHOOL: _____

SCHOOL ADDRESS: _____

SESSION TIMES: _____

SPECIAL REQUESTS / OTHER INFORMATION:

PARENT SIGNATURE: _____