

WYANDANCH UNION FREE SCHOOL DISTRICT  
 APPLICATION FOR PUPIL TRANSPORTATION  
 RETURN TO: OFFICE OF CENTRAL REGISTRATION AT WYANDANCH MEMORIAL HS  
 DUE BY APRIL 1st, 2022  
 2022/2023

1. A new application must be filed with this office each year. Please PRINT all information.
2. Each application must be postmarked no later than the 1st of APRIL 2022.
3. A rejection of a request for transportation may be appealed to the Board of Education and to the Commissioner of Education. (Ed. Law, Sec.3635-2)
4. Proof of Residency Required

Student(s) to be transported Name: Include middle initial	Date of Birth	Grade In September	Name & Address of <u>ONE</u> School Attending in September* <u>*(You must fill out separate forms if your children are attending separate schools)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TELEPHONE NUMBER: (list emergency numbers also)

Home: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Office: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Other: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Transportation to be furnished from (Home Address): \_\_\_\_\_

Nearest Corner of Intersection: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

FOR OFFICE USE ONLY: APPROVED BY CENTRAL REGISTRATION: \_\_\_\_\_

Signature                                      Date

APPROVED BY BUSINESS OFFICE: \_\_\_\_\_

Signature

WYANDANCH UNION FREE SCHOOL DISTRICT  
 APLICACION PARA EL TRANSPORTE DE LA PUPILA  
 VOLVER A: OFICINA DE REGISTRO CENTRAL EN WYANDANCH MEMORIAL HS  
 VENCIMIENTO 7 de Junio 2022

1. Una nueva aplicacion se debe presentar a esta oficina cada ano. Por favor escriba toda la informacion.
2. Cada aplicacion debe ser sellado no mas tarde que el 7 de Junio.
3. Un rechazo de la solicitud de transporte puede ser apelado a la Junta de educacion y el Comisionado de educaci6n. (Ed. Ley, 3635-2 seg.)
4. Prueba de residencia requerido

Estudiante(s) para ser transportado Nombre: (incluya inicial)	fecha de Nacimiento	Grado en Septiembre	Nombre & Direccion de una escuela Atendida en septiembre* *(tinene que llenar on formulario separado si los ninos asisten a escuela separada)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NUMERO DE TELEFONO: (lista de numeros de emergencia tambien)

Casa: \_\_\_\_\_ Persona en contacto: \_\_\_\_\_ Relacion de l estudiante: \_\_\_\_\_

Oficina: \_\_\_\_\_ Persona en contacto: \_\_\_\_\_ Relacion del estudiante: \_\_\_\_\_

Otro: \_\_\_\_\_ Persona en contacto: \_\_\_\_\_ Relacion del estudiante: \_\_\_\_\_

Transporte que se equiparan de (direccion): \_\_\_\_\_

ESQUINA MAS CERCA: \_\_\_\_\_

Firma: \_\_\_\_\_ Dia: \_\_\_\_\_ Relacion con el estudiante: \_\_\_\_\_

FOR OFFICE USE ONLY:      APPROVED BY CENTRAL REGISTRATION: \_\_\_\_\_  
Signature Date

APPROVED BY BUSINESS OFFICE: \_\_\_\_\_  
Signature Date

WYANDANCH UNION FREE SCHOOL DISTRICT  
 APLIKASYON POU TRANSPOTASYON ELEV  
 RETOUNEN L : BIWO «CENTRAL REGISTRATION» NAN "WYANDANCH MEMORIAL HS »  
 AVAN 7 Jen 2022  
 2022/2023

1. Ou dwe ranpli yon nouvo aplikasyon nan biwo sa a chak ane. Tampri, ekri tout infomasyon.
2. Ou dwe poste chak aplikasyon pa pi ta ke 7 Jen 2020.
3. Si yo rejete yon demand pou transpotasyon ou ka fè apel nan Konsey Edikasyon an oswa bay Komisyone Edikasyon an. (Ed. Law, Sec. 3635-2)
4. Se pou w bay prev residans.

Elev ki pou transpote Nom: (Mete Inisyal ki nan mitan an)	Dat Nesans	Klas nanmwa Septanm	Nom ak adres yon lekòl li prale an Septemb* *(Ou dwe ranpli fom apa si ti moun ou yo prale nan lekòl separe)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NIMEWO TELEFON : (ekri nimewo ijens tou)

Kay: \_\_\_\_\_ Moun Pou w Kontakte: \_\_\_\_\_ Relasyon moun nan ak elev la: \_\_\_\_\_

Biwo: \_\_\_\_\_ Moun Pou w Kontakte: \_\_\_\_\_ Relasyon moun nan ak elev la: \_\_\_\_\_

Lot: \_\_\_\_\_ Moun Pou w Kontakte: \_\_\_\_\_ Relasyon moun nan ak elev la: \_\_\_\_\_

ADRES: \_\_\_\_\_

TRANSPOTASYON AP BAY SOTI (ADRES KAY): \_\_\_\_\_

KALFOU KI PI PWOH: \_\_\_\_\_

SIYATI: \_\_\_\_\_ DAT: \_\_\_\_\_ RELASYON MOUN NAN AK ELEV LA: \_\_\_\_\_

POUR UTILIZE NAN BIWO SELMAN: APWOUVE PA "CENTRAL REGISTRATION" \_\_\_\_\_

APWOUVE PA BIWO BIZNIS

\_\_\_\_\_  
 Siyati  
 \_\_\_\_\_  
 Siyati  
 \_\_\_\_\_  
 Dat