

**EAST ISLIP SCHOOL DISTRICT**  
**Request For Out of District Transportation**

I hereby request that out of district transportation for the school year 20 / 20 be provided for my son/daughter: *(please fill in school year)*

**NAME OF STUDENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMERGENCY CONTACT :** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

School now attending \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

**\*Section 3635 of (1)(a) of the Education Law require that a school district provide transportation to a non-public school for all students who live up to 15 miles from a school when a written request has been submitted no later than April 1<sup>st</sup> Each Year.**