

HAUPPAUGE PUBLIC SCHOOLS
Office of the Department of Transportation

Request for Transportation

In accordance with the laws of New York State, I hereby formally request transportation for my son/daughter (student name) _____

To (name of school and location) _____

_____ *For the ensuing school year. I have authorized the principal to act as my representative in requesting transportation as long as the child remains in the school.*

Date _____ *Parent's Signature* _____

THIS FORM MUST BE RETURNED & DATED BEFORE APRIL 1

Identification:

Student Name _____

Address _____

Nearest cross street _____

Grade for School Year 2026/2027 _____ *Date of Birth* _____

Parent/Guardian name _____

Phone Residence# _____ *Cell#* _____ *Cell#* _____

Email Address: _____

In case we cannot reach you at these numbers, please provide us with an alternative name and number

PLEASE NOTE:

Parents requesting transportation services for a child for the first time must register in the district in order to receive services. Please call the student registrar at (631) 761-8260 for information.

RETURN THIS FORM TO:

HAUPPAUGE PUBLIC SCHOOLS
Transportation Office
495 Hoffman Lane, P O Box 6006,
Hauppauge, N Y 11788
Fax: 631-870-5789

Or email to medinag@hauppauge.k12.ny.us