

**TRANSPORTATION DEPARTMENT
MONTICELLO CENTRAL SCHOOL DISTRICT
153 FORESTBURGH ROAD
MONTICELLO, NY 12701
(845)794-8570 FAX (845)794-2163**

**TRANSPORTATION REQUEST
For nonpublic schools (Fill out an individual request form for each student)**

Date: _____

School to which transportation is being requested: _____

School address: _____

For School Year: _____

To Whom It May Concern: In accordance with the New York State Education law, I hereby formally request transportation for:

Student's Name: _____ Date of Birth: ____/____/____

Mailing Address: _____

The student for whom I am requesting transportation is ____ years of age, and will enter the ____ grade in September. All students must be five years of age on or before December 1.

Physical Address where you live: _____

Home Phone: _____

In addition to making this request directly, I wish to inform you that I have authorized the principal of the above named school to be my representative in requesting transportation for my child. This authorization shall remain in effect while I have my child in attendance at this school, or unless I expressly revoke this request. _____

Parent or Guardian Signature

Must be returned no later than April 1. to:

Monticello Central School District
Delos D. Luther II, Interim Director of Transportation
153 Forestburgh Road
Monticello, NY 12701

IMPORTANT—THIS IS A TWO PAGE FORM

YOU MUST COMPLETE PAGE 2 ALSO – IF YOU HAVE JUST MOVED INTO THE DISTRICT, PROOF OF RESIDENCY WILL BE REQUIRED BY THE MONTICELLO SCHOOL DISTRICT REGISTRAR AT (845)794-8840

Please Help Transportation

Use this form for nonpublic school students

We appreciate your help by filling out this form. This information will help drivers and monitors know your child's needs better and give your child the safest bus ride to and from school. All information will be confidential.

I.D. # _____ (This will be issued by the Monticello Registrar)

Child's Last Name: _____ First Name: _____

Private School Name: _____ Grade: _____ M/F: _____

Parent/Guardian Name(s): _____

Home Phone #: _____ Emergency /Work #: _____ Cell Phone: _____

Relative or Neighbor to call if you cannot be reached:

Name: _____ Phone#: _____

Name: _____ Phone#: _____

____ Please answer yes/no to the following questions. If a "yes" answer is indicated, please provide us with information that will help us with your child:

1. Does your child take medication that may cause him/her to experience an adverse effect during his bus ride? Yes / No
If yes, please explain: _____

2. Is your child speech and/or hearing impaired? Yes / No
If yes, please explain: _____

3. Is your child allergic to anything (insects, candy, etc.)? Yes / No
If yes, please explain: _____

4. Does your child have seizures? Yes / No
If yes, please explain: _____

5. Does your child have any behavioral concerns that you feel will be helpful for the driver/monitor to know? Yes / No
If yes, please explain: _____

6. Would you suggest any special seating arrangements for your child (i.e. car seat, support vest, etc.)? Yes / No
If yes, please explain: _____

7. Any additional information regarding transportation? _____

8. Name of a brother or sister already attending school: _____

Each transportation request will be processed in accordance New York State Education Law with regards to the 15 mile maximum distance requirement and the April 1 deadline.