

**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.