

CORNWALL CENTRAL SCHOOL DISTRICT
SCHOOL TRANSPORTATION REQUEST FORM – PRIVATE SCHOOL

Today's Date _____

Student's Name: _____ DOB: _____

Home Address: _____
(Street address, city, state, zip code)

Parent/ Guardian Name (s): _____

Home Phone: _____ Cell/Work: _____

Private School Name: Academy of the Holy Angels Grade: _____

School Address: 315 Hillside Avenue, Demarest, NJ 07627 Phone: 201-768-7822

Is this a change from previous information? _____ Yes _____x_____ No

CHANGE OF **ADDRESS** WILL REQUIRE PROOF OF RESIDENCY AND **MUST** BE PRESENTED TO STUDENT REGISTRATION OFFICE.

NEW ADDRESS NEW CHILDCARE CHANGE IN SCHOOL OTHER (please explain)

REQUEST: (CHECK ONE)

_____x_____ Transportation to/from **HOME** address.

_____ Transportation with **CHILDCARE*** arrangements (please complete box below)

CHILDCARE TRANSPORTATION:

PICK UP:

Check: _____Home _____Childcare Provider

Providers Name: _____

Providers Address: _____

Providers Phone: _____

Check Days:

____Mon ____ Tues ____Wed ____Thurs ____Fri

***Childcare provider must be located in the Cornwall School District.**

DROP OFF:

Check: _____Home _____Childcare Provider

Providers Name: _____

Providers Address: _____

Providers Phone: _____

Check Days:

____ Mon ____ Tues ____Wed ____Thurs. ____Fri

Does your child have any medical concerns we should know about, ie, allergies, etc.? Please explain:

Parent Signature: _____ Date: 3/1/2018

RETURN TO: MARISA FREDERICK, TRANSPORTATION COORDINATOR, DISTRICT OFFICE

24 IDLEWILD AVENUE CORNWALL-ON-HUDSON, NY 12520 PH: 845-534-8009 x7105 FAX: 845-534-2261

You may scan a copy and email to mfederick@cornwallschools.com

FOR OFFICE USE ONLY: NEW STUDENT: _____ (YES OR NO) STUDENT ID#: _____

BUS RUN #: _____ A.M. PICK UP TIME: _____ P.M. DROP OFF TIME: _____ MILEAGE: _____