EAST RAMAPO CENTRAL SCHOOL DISTRICT
TRANSPORTATION OFFICE
105 SOUTH MADISON AVENUE, SPRING VALLEY, NEW YORK 10977
TELEPHONE: (845) 577-6490

TRANSPORTATION REQUEST – PRIVATE OR PAROCHIAL SCHOOLS

STUDENT'S NAME: _____ ENTERING GRADE _____
Last First

ADDRESS:_____ APT:_____
Number Street City State Zip Code

PREVIOUS ADDRESS:_____ _____

(ONLY IF YOU HAVE MOVED WITHIN THE PAST YEAR)

BIRTHDATE OF STUDENT:_____MALE_____FEMALE_X_ PHONE:_____

MO. DAY YR. EMERGENCY PHONE:_____

NAME OF SCHOOL WHICH STUDENT WILL ATTEND **Academy of the Holy Angels**

SCHOOL ATTENDED LAST YEAR _____

DOES STUDENT PRESENTLY RIDE A SCHOOL BUS IN EAST RAMAPO? YES____ NO ____

Print Name of Parent or Guardian **Signature of Parent or Guardian** **Date**

****PLEASE NOTE:**

1.STUDENTS MUST BE FIVE YEARS OLD BEFORE DECEMBER 1 TO BE ELIGIBLE FOR TRANSPORTATION.
2.YOU CAN ONLY APPLY FOR TRANSPORTATION TO ONE SCHOOL FOR EACH CHILD.
3.STUDENTS MUST BE REGISTERED AT SCHOOL TO WHICH TRANSPORTATION IS REQUESTED.
4.APPLICATIONS ARE TO BE COMPLETED AND RETURNED NO LATER THAN APRIL 1 IN ORDER TO BE ELIGIBLE FOR TRANSPORTATION.
5.IF THIS IS THE FIRST TIME TRANSPORTATION IS REQUESTED FOR STUDENT, IT WILL BE NECESSARY TO PROVIDE PROOF OF BIRTHDATE AND ADDRESS.

FOR OFFICE USE ONLY:

STUDENT ID # _____

SCHOOL CODE_____ AM AFTER_____ ROUTE:_____

STOP CODE_____ PM AFTER_____ STOP:_____

ROUTE CODE_____ FRI. AFTER_____ TIME:_____

Revised 1/7/19