

KINGSTON SCHOOL DISTRICT

Request for Transportation for School Year: 2010 - 2011

Student # _____

(For office use only)

(Please return by April 1, 2010)

Date: _____

Please return this form to the school to which you are requesting transportation

****A form must be completed for each child.** In accordance with the laws of the State of New York, I hereby request that transportation be provided for:

Name of Student	
-----------------	--

Street Address	
----------------	--

Mailing Address (if different)	
-----------------------------------	--

Age		Date of Birth		Grade Level in Sept. 2010	
-----	--	---------------	--	---------------------------	--

School requesting Transportation to	
--	--

Signature of Parent or Guardian	
---------------------------------	--

Parent or Guardian name & relation to student (Please print)	
---	--

Home phone # with area code	
-----------------------------	--

All information supplied by you on this form will replace any previous information we have on file for you and/or the student.

Phone #

Owner of phone #

Emergency phone # with area code & name of owner of this phone #		
---	--	--

Emergency phone # with area code & name of owner of this phone #		
---	--	--

Emergency phone # with area code & name of owner of this phone #		
---	--	--

Cell phone # with area code & name of owner of phone #		
---	--	--

Cell phone # with area code & name of owner of phone #		
---	--	--

****Student must be 5 years of age on or before December 1st.**