

**KINGSTON SCHOOL DISTRICT**  
**Request for Transportation for School Year:**  
**2023-2024**

**E-mail: [transportation@kingstoncityschools.org](mailto:transportation@kingstoncityschools.org)**

Student # \_\_\_\_\_

(For office use only)

(Please return by April 1, 2023)

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	
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Street Address	
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Mailing Address (if different)	
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Age		Date of Birth		Grade Level in Sept. 2023	
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School requesting Transportation to	
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Signature of Parent or Guardian	
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Parent or Guardian name & relation to student (Please print)	
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Home phone # with area code	
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Email	
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**All information supplied by you on this form will replace any previous information we have on file for you and/or the student.**

	Name	Phone #	Relationship
Emergency contact and phone #			
Emergency contact and phone #			
Emergency contact and phone #			
Emergency contact and phone #			

**\*\*Student must be 5 years of age on or before December 1<sup>st</sup>.**