

KINGSTON SCHOOL DISTRICT
Request for Transportation for School Year:
2024-2025

E-mail: transportation@kingstoncityschools.org

Student # _____

(For office use only)

(Please return by April 1, 2024)

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. 2024	
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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 1st.**