

SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

160 Van Wyck Rd, Blauvelt, NY, 10913

845-680-1663 Fax: 845 680 1972

**Request for Transportation to Private School**

Form must be received by the *Transportation Department* by April 1st of attending school year. The district will adhere to and enforce this cut-off date and cannot guaranty transportation if form is received after April 1st. **\*\*\*Students must be registered in the South Orangetown Central School District prior to receiving transportation services.\*\*\***

**\*\*Proof of student residency must be provided via lease, mortgage statement, etc.\*\***

**\*\*School to which student requests transportation MUST be within 15 miles of the child's residence**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian #1 Full Name & Daytime Phone: \_\_\_\_\_

Guardian #1 Email: \_\_\_\_\_

Guardian #2 Full Name & Daytime Phone: \_\_\_\_\_

Guardian #2 Email: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Age (must have proof child is at least 5 years old by Dec 1st of school year): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Present grade: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

School Year You are Applying for Transportation to: \_\_\_\_\_

Private/Parochial School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone #: \_\_\_\_\_ First day of school: 09/09/2026

Time Classes Begin: 7:50 Dismissal Time: 2:05

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Form Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Mileage from Student's home to Private School: \_\_\_\_\_