

TRANSPORTATION REQUEST

(PLEASE FILL OUT A TRANSPORTATION REQUEST FOR **EACH CHILD**)

****Form needs to be filled out on a yearly basis****

Date

Business Official
Chester Union Free School District
64 Hambletonian Ave
Chester, NY 10918
(845) 469-9184

Dear Business Official,

In accordance with the Laws of the State of New York, I hereby formally request

Transportation for:

Name of Student: _____
(Please Print or Type)

Date of Birth: _____ Age: _____ Grade in Sept/2021: _____

To Saint John School – Goshen Campus 77 Murray Avenue, Goshen, NY 10924
(Name of School) (Satellite location)

during the school year 2021/2022 on all days this school
is in session.

In addition to making this request directly, I wish to inform you that I have
authorized the Principal of _____ or his/her successor in
that position, to be my Representative in requesting transportation for my child.

(Turn Over Please)

The addresses for this child are as follows:

Street Address (Used for Bus Pickup):

(Street)

(Town/Village)

Home/Mailing Address:

(Street)

(Town/Village)

Home/Cell number: _____

Emergency Information:

Contact Person: _____

Phone #: _____

Parent or Guardian: _____

(Please Print or Type)

(Signature)

*This form **MUST** be post marked by **April 1, 2021** and sent to the address on the front page in order to receive transportation.

*Please contact our office at (845) 469-2231, ext. 3312 (Kevin Hannon), if there are any special needs that might affect transportation.

*Kindergarten students must be 5 years of age by December 1, 2021 and must include a copy of the birth certificate with the application.