

**ST. JOHN THE BAPTIST DIOCESAN HIGH SCHOOL**

**1170 MONTAUK HIGHWAY**

**WEST ISLIP, NY 11795**

**(631)587-8000 EXT 122 FAX (631) 587-8996**

**REQUEST FOR DIOCESAN PROVIDED TRANSPORTATION FOR  
EASTERN LONG ISLAND STUDENTS ATTENDING SJDHS**

*I hereby request for the transportation being provided by the Diocese of Rockville Centre for the school year 2020-2021 for my son/daughter to attend St. John the Baptist Diocesan High School located at the above address:*

**NAME OF STUDENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:**

\_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**SCHOOL HOURS: 7:45 AM to 2:36 PM**

*Please indicate if late bus service will be needed. YES ( ) NO ( )*

*Available to students who stay after school for athletics, clubs, etc. Leaves St. John's at 5:30 PM.*

*Transportation will commence on the Wednesday after Labor Day (the first day of school).*

**SIGNED:** \_\_\_\_\_

*(Parent or Guardian)*

**DATE:** \_\_\_\_\_

THIS FORM MUST BE SUBMITTED TO  
ST. JOHN THE BAPTIST DHS  
OFFICE OF STUDENT SERVICES  
ATTN: Mrs. Ferretti  
studentservices@sjbdhs.org