

**2021-2022**  
BRENTWOOD UNION FREE SCHOOL DISTRICT  
Brentwood, New York  
REQUEST FOR PRIVATE AND PAROCHIAL SCHOOL TRANSPORTATION

TO THE BOARD OF EDUCATION:

I hereby request that transportation be provided for my son/daughter to:

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

SCHOOL PHONE #: \_\_\_\_\_ SCHOOL HOURS: \_\_\_\_\_

THE TRANSPORTATION IS FOR THE SCHOOL YEAR: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PARENT FAX # AND/OR E-MAIL ADDRESS: \_\_\_\_\_

NEAREST CROSS STREET: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GRADE AS OF COMING SEPTEMBER: \_\_\_\_\_

SCHOOL PRESENTLY ATTENDING: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

EMERGENCY CONTACT ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: \_\_\_\_\_

**THIS APPLICATION MUST BE FILED NO LATER THAN APRIL 1<sup>ST</sup> EACH YEAR.**

ONE FORM FOR **EACH** CHILD REQUIRING TRANSPORTATION MUST BE SUBMITTED EACH YEAR.

LATE BUS WILL BE REQUIRED      YES (   )                      NO (   )

RETURN BY APRIL 1<sup>ST</sup> TO:      BRENTWOOD SCHOOLS  
TRANSPORTATION OFFICE  
FELICIO ADMINISTRATION BUILDING  
52 THIRD AVENUE  
BRENTWOOD, NY 11717  
PHONE # (631) 434-2493      FAX # (631) 972-1406      EMAIL- [transportation@bufsd.org](mailto:transportation@bufsd.org)

**IF THE CHILD IS NOT GOING TO ATTEND THE ABOVE SCHOOL, PLEASE NOTIFY THE TRANSPORTATION OFFICE IMMEDIATELY.**