

**APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION**

**Sayville Public Schools  
99 Greeley Avenue  
Sayville, NY 11782  
Phone: 631-244-6525  
Fax: 631-244-6541**

Date of Application: \_\_\_\_\_

**Pupil Information:**

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

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

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

School Student Currently is Attending: \_\_\_\_\_

<b><u>FOR DISTRICT USE ONLY</u></b>	
___	Transportation
___	Pupil Personnel Svcs
___	I.M.C.

**Transportation Information:**

In accordance with the laws of New York State, I hereby request transportation for my child to:

Name of School: \_\_\_\_\_

For the School Year: \_\_\_\_\_

School Hours: \_\_\_\_\_

**Important: Please Note the Following:**

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

<p><b>Anyone applying for private and parochial transportation must provide proof of residency in the form of a deed, property tax bill or mortgage statement annually. In the event that none of the aforementioned is available, then a notarized statement of residency form must be submitted prior to providing a transportation request.</b></p>
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**Please Send this Completed Application to:**

Transportation Department  
Sayville School District  
99 Greeley Avenue  
Sayville, NY 11782

This application must be filed by April 1<sup>st</sup> of each year that you are requesting transportation.