

**BOARD OF EDUCATION
PELHAM UNION FREE SCHOOL DISTRICT
BUSINESS OFFICE
314 PELHAMDALE AVENUE
PELHAM, NY 10803
914-738-9140**

DISTRICT OF RESIDENCE
APPLICATION FOR TRANSPORTATION

DATE: _____

STUDENT NAME:

HOME ADDRESS:

DATE OF BIRTH:

SCHOOL NOW ATTENDING:

GRADE:

SCHOOL REQUESTING TRANSPORTATION TO:

GRADE:

ADDRESS OF SCHOOL:

=====
PARENT/GUARDIAN SIGNATURE:

(Print name):

ADDRESS:

HOME PHONE NUMBER:

BUSINESS PHONE:

If transportation is not desired, please indicate here: _____

Reason: