

EAST ISLIP SCHOOL DISTRICT
Request for Non-Public / Private School Transportation
202__-202__

I hereby request that out of district transportation for the school year 202__ - 202__ be provided for my son/daughter:

NAME OF STUDENT: _____

ADDRESS: _____

PHONE #: _____

SCHOOL NAME: _____ **GRADE:** _____

ADDRESS: _____

EMERGENCY CONTACT : _____ **PHONE #:** _____

ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

SIGNED: _____

School now attending _____ Grade _____

Address _____ Town _____

***Section 3635 of (1)(a) of the Education Law require that a school district provide transportation to a non-public school for all students who live up to 15 miles from a school when a written request has been submitted no later than April 1st each year.**