

**SOMERS CENTRAL SCHOOL DISTRICT
TRANSPORTATION REQUEST**

PLEASE PRINT CLEARLY

(A SEPERATE FORM MUSTE BE FILLED OUT FOR EACH STUDENT)

TODAY'S

DATE _____

I am hereby requesting bus transportation for _____
NAME OF CHILD

Who will be attending _____ during the (20__ / 20__)
NAME OF SCHOOL School year

His or Her date of birth is _____

Male _____ or Female _____

School Address _____

School Telephone Number _____

Grade Level _____ Class Hours _____

Print name of parent or guardian _____

Signature of parent or guardian _____

Home street address _____

Mailing address _____

E-mail address _____

Telephone number (home) _____ (work) _____ (cell) _____

***PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR IMPORTANT NOTIFICATIONS,
PERTAINING TO YOUR CHILD, FROM THE SOMERS CSD. ***** E-MAIL***

REPLY NO LATER THAN APRIL 1ST OF THE CURRENT YEAR

**Return to: Gerard Esposito
Transportation Dept. PO Box 620
Lincolndale, NY 10540
(914)-277-3180
gesposito@somersschools.org**