

**BALDWIN UNION FREE SCHOOL DISTRICT**

**TRANSPORTATION DEPARTMENT**

**960 HASTINGS ST, BALDWIN, NY 11510**

**516-434-6045**

**\*\*\*P R I N T \*\*\***

Today's Date: \_\_\_\_\_ Current School \_\_\_\_\_

FORM MUST BE RETURNED OR POSTMARKED BY APRIL 1

Student's Name \_\_\_\_\_

Last Name

First Name

Address \_\_\_\_\_ DOB \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Parent Cell # \_\_\_\_\_

Parent or Guardian Email Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**School Year:** 2026/2027 **Grade:** \_\_\_\_\_

School of Attendance \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

School Hours \_\_\_\_\_ School Phone \_\_\_\_\_ 1st Day of School: \_\_\_\_\_

**In order to determine transportation eligibility, all new residents as well as students transferring schools must prove residency with the Baldwin Union Free School District registrar's office**

- 1. I understand that registration with Baldwin Schools must be completed prior to transportation requests being processed. My Baldwin Schools registration was completed on: Date: \_\_\_\_\_*
- 2. I acknowledge that I have read all statements and completed all information on this request for transportation and hereby request transportation under Section 3635 of the New York State Education Law. Date: \_\_\_\_\_*

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_