



**WALLKILL CENTRAL SCHOOL DISTRICT  
PRIVATE/PAROCHIAL TRANSPORTATION REQUEST FORM**

***IN ACCORDANCE WITH THE EDUCATION LAW, THIS FORM MUST BE FILED  
WITH SCHOOL AUTHORITIES NO LATER THAN APRIL 1<sup>ST</sup> OF EACH YEAR.***

**(PLEASE FILL OUT A SEPARATE FORM FOR EACH STUDENT)**

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To Whom It May Concern:

In accordance with the laws of the State of New York, I hereby formally request transportation for 2026-2027 school year:

Name of Pupil \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

to \_\_\_\_\_  
Name of School County

during the coming scholastic year on all days this school is in session. The pupil for whom I am requesting transportation will be \_\_\_\_\_ years of age, will enter \_\_\_\_\_ Grade in September and resides at:

Physical Address (Legal Residence):

Mailing Address (if different than Physical Address):

\_\_\_\_\_

\_\_\_\_\_

Home Telephone Number:

Emergency Telephone Number:

\_\_\_\_\_

\_\_\_\_\_

The school to which I request transportation is \_\_\_\_\_ miles from the student's legal residence.

In addition to making this request directly, I wish to inform you that I have authorized the Principal of \_\_\_\_\_ School, or his or her successor in that position, to be my representative in requesting transportation for my child.

This authorization shall remain effective while I have my child in attendance at \_\_\_\_\_ School or unless I expressly revoke this request.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Give a description of the route taken from the child's residence to the school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*CHILDREN MUST BE AT LEAST FIVE (5) YEARS OF AGE BY DECEMBER 1<sup>ST</sup>  
TO BE PROVIDED TRANSPORTATION.***

MAIL APPLICATION TO:

WALLKILL CENTRAL SCHOOL DISTRICT  
1500 ROUTE 208, PO BOX 310  
WALLKILL, NY 12589  
ATTN: BRIAN DEVINCENZI