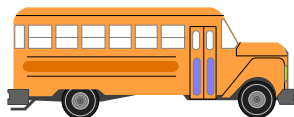




196 Main Street, New Paltz, New York 12561 • Phone: (845)256-4070 • Fax: (845)256-4079 • www.newpaltz.k12.ny.us

Maureen Ryan
Director of Transportation

Lisa Haynes
Head Bus Driver



Christina Winne
Assistant Director of Transportation

Debbie Chase
Account Clerk/Typist

2026/2027 TRANSPORTATION REQUEST FOR PRIVATE/PAROCHIAL SCHOOLS

In accordance with the Laws of the State of New York, I hereby formally request transportation for my child to the _____ School.

Child's Name _____

DOB ____/____/____ Grade Entering _____ Age _____

Address: House # and Street _____
(PO Box Numbers Unacceptable; Please Indicate House # and Street ONLY)

City, State, Zip _____

Home or Cell Telephone # _____ Emergency Telephone # _____

THE NEW PALTZ CENTRAL SCHOOL DISTRICT DOES NOT TRANSPORT TO PRIVATE/PAROCHIAL SCHOOLS ON DAYS IN WHICH THE DISTRICT IS CLOSED FOR STUDENTS.

A request must be completed for each child and submitted on or before April 1, 2026 as established by Education Law Section 3635. Students who register for Kindergarten must meet the same requirements as students attending New Paltz Central School District.

SCHOOL ATTENDED BY YOUR CHILD IN THE 2025/2026 SCHOOL YEAR _____

PARENT/GUARDIAN NAME, (CLEARLY PRINTED) _____

EMERGENCY CONTACT, IF PARENT UNAVAILABLE:

NAME (CLEARLY PRINTED) _____ **PHONE:** _____

PARENT/GUARDIAN SIGNATURE _____

DATE ____/____/____

(FOR TRANSPORTATION OFFICE USE)

DATE RECEIVED ____/____/____

MILEAGE DISTANCE FROM HOME TO SCHOOL 15 MILES AND UNDER ____ MORE THAN 15 MILES ____

IF MORE THAN 15 MILES, STATE MILEAGE HERE ____

TRANSPORTATION APPROVED _____ **DISAPPROVED** _____

revised 2/11/2026