



North Fork Local School District

New or Special Transportation Request

Name of Student _____

Date of Birth ____/____/____ Gender _____ Grade _____ Student Number _____

Name of Parent or Legal Guardian _____

Street Address _____ City _____ Zip _____

Mother/Guardian primary phone number _____ Secondary phone number _____

Father/Guardian primary phone number _____ Secondary phone number _____

Student will be attending: ☐ Newton Elem. ☐ Utica Elem. ☐ Middle/High School ☐ Other _____

Will student normally be: ☐ Walking ☐ Riding the bus ☐ Pick up/Drop off

Will the student be open enrolled: ☐ Yes ☐ No

If student is to be picked up/dropped off other than home:

Name _____ Relation _____

Pick up Address _____ City _____ Zip _____

Drop off Address _____ City _____ Zip _____

Phone Number _____ Cell # _____

Reason _____

Office Use Only

Date: ____/____/____

☐ Approved ☐ Denied – Reason _____

Signature of Transportation Supervisor _____

Cc: ____Transportation Office ____ Bus Garage

