

BRIARCLIFF MANOR UNION FREE SCHOOL DISTRICT
Business Office, 45 Ingham Road, Briarcliff Manor, New York 10510
Phone: 432-8133 Fax: 914-941-6613

REQUEST FOR TRANSPORTATION – 2026/27 SCHOOL YEAR
Please return to Denise Gomez, Business Office NO LATER THAN AUGUST 30

Requested by: _____ Date: _____

School: _____ Phone: _____

STUDENT'S NAME: _____

STUDENT'S ADDRESS: _____

CITY/STATE/ZIP: _____ DATE OF BIRTH: _____ GRADE IN SEPTEMBER: _____

PARENTS NAMES: _____

PHONE #'S Home: _____ Work: _____

Emergency: _____ (Name & Relationship)

☐ STUDENT WILL ATTEND THE WALKABOUT PROGRAM

☐ STUDENT WILL ATTEND BOCES TECH: ☐ SESSION IA, 8:00-10:40 AM
☐ SESSION IB, 8:00-11:20 AM
☐ SESSION II, 11:20 AM-2:00 PM

☐ STUDENT WILL ATTEND A BOCES PROGRAM NOT LISTED ABOVE; PLEASE SPECIFY:

SCHOOL/PROGRAM STREET ADDRESS: _____

CITY/STATE/ZIP: _____

SCHOOL PHONE: _____ CONTACT: _____

TIME CLASS BEGINS: _____ DISMISSAL TIME: _____

FIRST DATE STUDENT TO BE TRANSPORTED: _____

LAST DATE STUDENT TO BE TRANSPORTED: _____

DO YOU ANTICIPATE THIS TO BE A LONG TERM PLACEMENT? _____

STUDENT TO BE TRANSPORTED: ☐ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI

STUDENT REQUIRES: ☐ MORNING AND ☐ AFTERNOON PICK UP

STUDENT IS TO BE DROPPED OFF AT (SPECIAL LOCATION OR BUILDING):

DOES THIS STUDENT REQUIRE ANY SPECIAL TRANSPORTATION AIDES (e.g. Monitor, special seat belt, wheel chair access)? _____