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Transportation   
55 Major MacDonald Way • Wappingers Falls, NY 12590 • (845) 298-5225 x44104 • Fax (845) 298-5210

**APPLICATION FOR BUS TRANSPORTATION**

**(For Approved Schools Other Than WCSD)**For School Year        
**APPLICATION MUST BE SUBMITTED PRIOR TO APRIL 1**

**Education Law 3635 (2) provides in pertinent part:** *A parent or guardian of a child residing in any school district, or any representative authorized by such parent or guardian, who desires for a child during the next school year any transportation authorized or directed by this chapter shall submit a written request therefore to the school trustees or board of education of such district not later than the first day of April preceding the next school year, provided, however, that a parent or guardian of a child not residing in the district on such date shall submit a written request within thirty days after establishing residence in the district. Students must reside within 15 miles of the school they are attending.*

**PARENT TO COMPLETE** *(Please print or type)*Parent or Legal Guardian Name:        
  
Home Phone       Work Phone       Cell Phone

Address       Zip

Email Address

**PLEASE LIST ALL CHILDREN REQUIRING TRANSPORTATION**\*Parents with children attending more than one private/parochial school must submit an application for each school. \*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STUDENT’S NAME** |  | **DATE OF BIRTH** |  | **GRADE ENTERING** |  | **SCHOOL** |
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|  |  |  |  |  |  |  |

School Currently Attending

**FOR NEW RESIDENTS ONLY:**  
Old Residence       Date Moved into WCSD

**ANY CHANGE IN ABOVE REQUEST SHOULD BE SUBMITTED   
TO THE TRANSPORTATION DEPARTMENT AS SOON AS POSSIBLE.**\*lf day care is needed, a day care form is required to be filled out by April 1 at Transportation\*

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_ Date \_\_\_\_  
**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  
To be completed by school referred to in the above right column after parent has completed and signed the upper portion of this form.  
l certify that the above named pupil(s) is/are enrolled in \_\_\_ \_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_School for the\_\_\_\_\_/\_\_\_\_\_school year.  
  
**Signature of School Principal: Date:**