HAMPTON BAYS UNION FREE SCHOOL DISTRICT 86 East Argonne Road

Hampton Bays, NY 11946 (631) 723-2100 Fax: (631) 723-2113

www.hbschools.us

TRANSPORTATION REQUEST FOR PRIVATE AND PAROCHIAL SCHOOLS

TO: HAMPTON BAYS SCHOOL DISTRICT – TRANSPORATION DEPT. 86 East Argonne Road Hampton Bays, NY 11946

In accordance with the laws of the State of New York, I hereby formally request transportation for my child during the 2017-18 school year on all days this school is in session.

CHILD'S NAME:	D.O.B	
Grade in September 2017:		
HOME ADDRESS:		_
NAME OF SCHOOL ATTENDIN	NG:	_
PARENT NAME :(Mother):	Phone #:	
PARENT NAME :(Father):	Cell #: Phone #: Cell #:	
DATE OF REQUEST:	Сен т	
Emergency C	Contact Information (NOT INCLUDING YOURSELF)	
Name:	Phone #:	
Name:	Phone #:	
In accordance with the laws o	of the State of New York;	
 A separate form i 	 A separate form is needed for each child attending a private or parochial school 	
· ·	vill not be available for students unless this form is submitted to the ays School District by April 1 st of the preceding school year.	
 A new request fo Parochial Sch 	orm must be filled out each year that your child attends a private or hool.	
	will not be provided for students who families have not properly vith the Hampton Bays School District.	

Signature of Parent/Guardian: