EAST RAMAPO CENTRAL SCHOOL DISTRICT
TRANSPORTATION OFFICE PHONE: (845) 577-6490
TRANSPORTATION REQUEST – PRIVATE OR PAROCHIAL SCHOOLS

STUDENT'S NAME: _____
(Last) (First) (MI)

STUDENT'S BIRTHDATE: ____/____/____ (mm/dd/yyyy) GENDER: Male ____ Female _____

STREET ADDRESS: _____ APT #: _____

CITY: _____ ZIP CODE: _____

PREVIOUS ADDRESS: _____
(ONLY IF YOU HAVE MOVED WITHIN THE PAST YEAR)

HOME PHONE: _____ EMERGENCY PHONE: _____

SCHOOL STUDENT WILL ATTEND _____ ENTERING GRADE _____

SCHOOL STUDENT ATTENDED LAST YEAR _____

DOES STUDENT PRESENTLY RIDE A SCHOOL BUS IN EAST RAMAPO? YES _____ NO _____

MOTHER'S NAME: _____ PHONE: _____
(Last) (First)

FATHER'S NAME: _____ PHONE: _____
(Last) (First)

_____ _____
Signature of Parent or Guardian Date

PLEASE NOTE:

1. STUDENTS MUST BE FIVE YEARS OLD BEFORE DECEMBER 1 TO BE ELIGIBLE FOR TRANSPORTATION.
2. YOU CAN ONLY APPLY FOR TRANSPORTATION TO ONE SCHOOL FOR EACH CHILD.
3. STUDENTS MUST BE REGISTERED AT SCHOOL TO WHICH TRANSPORTATION IS REQUESTED.
4. APPLICATIONS ARE TO BE COMPLETED AND RETURNED NO LATER THAN APRIL 1 IN ORDER TO BE ELIGIBLE FOR TRANSPORTATION.
5. IF THIS IS THE FIRST TIME TRANSPORTATION IS REQUESTED FOR STUDENT, IT WILL BE NECESSARY TO PROVIDE PROOF OF BIRTHDATE AND ADDRESS.

Proof of Birth: ☐ Alien Card ☐ Birth Certificate ☐ Passport

Proof of Residency: ☐ Lease ☐ Mortgage Statement ☐ Residency Affidavit ☐ Utility Bill

FOR OFFICE USE ONLY: STUDENT ID # _____

SCHOOL CODE _____ AM AFTER _____ ROUTE: _____

STOP CODE _____ PM AFTER _____ STOP: _____

ROUTE CODE _____ FRI. AFTER _____ TIME: _____

Revised 1/11/13