

ARLINGTON CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

601 Dutchess Tpke

Poughkeepsie, NY 12603

ATT: George S. Beckwith, Director of Transportation

Fax - 486-4978

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

ONE CHILD'S NAME PER SHEET

DATE: _____

TO: Mr. Frank Pepe, Superintendent of Schools

RE: Private & Parochial School Request Form

I am requesting transportation for my child:

CHILD'S NAME: _____

ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

EMERGENCY #: _____ CONTACT PERSON: _____

PARENT'S NAME: _____

TO: NAME OF SCHOOL: _____

ADDRESS: _____

THE GRADE YOUR CHILD WILL BE ENTERING: _____

DATE OF BIRTH: _____ FOR SCHOOL YEAR: _____

PARENT'S SIGNATURE: _____

**** ALL REQUESTS MUST BE IN THE TRANSPORTATION OFFICE BY**
APRIL 1ST OF THE PREVIOUS YEAR

** IF YOUR CHILD REQUIRES TRANSPORTATION TO AND FROM A DAYCARE LOCATION, PLEASE FILL OUT A BABYSITTER REQUEST FORM AND RETURN IT TO THE TRANSPORTATION OFFICE NO LATER THAN AUGUST 1ST. FORMS ARE AVAILABLE IN THE TRANSPORTATION OFFICE.