

ARLINGTON CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
601 Dutchess Tpke
Poughkeepsie, NY 12603
ATT: Director of Transportation
Phone (845)486-4955/E-Fax - (845)350-4174

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

ONE CHILD'S NAME PER SHEET

DATE: _____

TO: Superintendent of Schools
RE: Private & Parochial School Request Form

CHILD'S NAME: _____

ADDRESS: _____

HOME PHONE #: _____ CELL #: _____ WORK #: _____

PARENT'S NAME: _____

TO: NAME OF SCHOOL: _____

ADDRESS: _____

THE GRADE YOUR CHILD WILL BE ENTERING: _____ GENDER: M/F DATE OF BIRTH: _____
(CIRCLE ONE)

FOR SCHOOL YEAR: _____ PARENT'S SIGNATURE: _____

We need to reconfigure our private and parochial bus runs. We are requesting this information in order to determine which students are *actually riding* so that we may adjust them accordingly.

I AM REQUESTING BUS TRANSPORTATION:

EVERYDAY: _____ NEVER: _____

AM ONLY: _____ PM ONLY: _____

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

****IF YOUR CHILD IS NEW TO THE DISTRICT OR AN UPCOMING KINDERGARTEN STUDENT, YOU MUST REGISTER WITH OUR CENTRAL REGISTRATION OFFICE. THEIR NUMBER IS 845-227-1821.**

**** IF YOUR CHILD REQUIRES TRANSPORTATION TO AND FROM A DAYCARE LOCATION, PLEASE FILL OUT A CHILDCARE PROVIDER FORM AND RETURN IT TO THE TRANSPORTATION OFFICE NO LATER THAN AUGUST 1ST. FORMS ARE AVAILABLE IN THE TRANSPORTATION OFFICE OR ON OUR WEBSITE, WWW.ARLINGTONSCHOOLS.ORG**