

Transportation Department
 Phone: 585-637-1880
 Fax: 585-637-1885

Brockport Central School District
 58 Owens Road
 Brockport NY 14420-2296

PRIVATE SCHOOL TRANSPORTATION FORM

I am the parent/guardian of the children listed below. I am a resident of the Brockport Central School District and I am requesting transportation of my children to and from:

School Name _____ Date of Request: _____ School Year _____

PARENT/GUARDIAN 1 INFORMATION:

Parent/Guardian 1: _____ Home Phone _____
 Relationship: _____ Unlisted Y/N YES NO
 Home Address _____ Work Phone _____
 _____ Cell Phone _____
 Mailing Address _____ Pager Number _____
 Employer _____ E-Mail Address: _____

PARENT/GUARDIAN 2 INFORMATION:

Parent/Guardian 2 _____ Home Phone _____
 Relationship: _____ Unlisted Y/N YES NO
 Home Address _____ Work Phone _____
 (if different from child) _____ Cell Phone _____
 Mailing Address _____ Pager Number _____
 (if different from child) _____
 Employer _____ E-Mail Address: _____

Student Names	Birth Date	Age	Next Year's Grade
1			
2			
3			
4			

 Parent Guardian 1 Signature Date Parent Guardian 2 Signature Date

PERSON OTHER THAN THE PARENTS/GUARDIANS TO BE NOTIFIED IN AN EMERGENCY:

Contact Name	Relation	Home Phone	Employer	Work Phone
	DOCTOR			

Private School Name: _____ School Phone Number: _____
 School Address: _____ School City, State Zip _____

I certify that the above named student(s) is/are enrolled for the school year (_____).

School Principal/Signature _____ Date: _____

*Board Policy dictates a child be five (5) years old by December 1st of the year of entering school to receive transportation.

Return by April 1

White Copy – Transportation

Yellow Copy Registration

Pink Copy Home School

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