



Westbury Union Free School District  
 Transportation Department  
 4 Hitchcock Lane  
 Old Westbury, NY 11568-1624

# REQUEST FOR PUPIL TRANSPORTATION

FORM MUST BE RETURNED BY **APRIL 1** OF THE CURRENT SCHOOL YEAR

TO BE ELIGIBLE FOR TRANSPORTATION STUDENT MUST BE FIVE YEARS BY DECEMBER 1 OF THE CURRENT SCHOOL YEAR

|                                                                                         |                                                |                     |
|-----------------------------------------------------------------------------------------|------------------------------------------------|---------------------|
| Pupil Name                                                                              |                                                | Current School Year |
|                                                                                         |                                                | 20 - 20             |
| Home Address                                                                            | Date of Birth                                  | Grade               |
|                                                                                         | Age as of September of the Current School Year |                     |
| School Name & Address                                                                   | Home Telephone                                 |                     |
|                                                                                         | Work Telephone                                 |                     |
|                                                                                         | Cell Phone                                     |                     |
| Remarks (If Necessary)                                                                  |                                                |                     |
| I hereby request transportation for the above pupil                                     |                                                |                     |
| Signature of Parent or Legal Guardian                                                   |                                                | Date                |
| <b>THIS SECTION IS TO BE COMPLETED BY SCHOOL OFFICIALS ONLY</b>                         |                                                |                     |
| Official Opening Day (Please include year)                                              | Regular school hours                           |                     |
|                                                                                         | AM PM                                          |                     |
| THE ABOVE-NAMED PUPIL HAS BEEN ACCEPTED BY THIS INSTITUTION FOR THE CURRENT SCHOOL YEAR |                                                |                     |
| Date                                                                                    | School Phone Number                            |                     |
| Signature                                                                               | Title                                          |                     |