

MARLBORO CENTRAL SCHOOL DISTRICT
REQUEST FOR PRIVATE/PAROCHIAL SCHOOL TRANSPORTATION
FOR THE 2018-2019 SCHOOL YEAR

PLEASE FILL OUT INDIVIDUAL REQUEST FOR EACH CHILD ANNUALLY
(Regardless of known placement for upcoming year)

Date _____

In accordance with the laws of the State of New York, I hereby formally request transportation

for _____ to _____
Student Name (Print) School Name

School Address School Phone Number
in _____
County

This student for whom I am requesting transportation will be _____ years of age, (date of birth
_____) and will enter grade _____ in September 2018, and resides at:

Street City

Nearest Street or Intersection

This authorization shall remain effective for the 2018-2019 school year, or unless I expressly
revoke this request.

In the event that I withdraw my child during the school year for which this request applies, I will
notify the Director of Business & Finance of the Marlboro Central School District in writing at
the address below.

Signature of Parent or Guardian Print Name

Home Phone Business Phone Cell Phone

Emergency Contact _____
Name (Please Print) Phone Number

**PLEASE NOTE: In accordance with the Education Law, this form must be filed by
residents of the school district with the school authorities no later than April 1, 2018 or
transportation may not be provided.**

PLEASE RETURN THIS FORM TO: Director of Business & Finance
Marlboro Central School District
21 Milton Turnpike, Suite 100
Milton, NY 12547
(845) 236-5803