

**SOMERS CENTRAL SCHOOL DISTRICT
TRANSPORTATION REQUEST**

**TODAY'S
DATE** _____

PLEASE PRINT CLEARLY
(A SEPERATE FORM MUSTE BE FILLED OUT FOR EACH STUDENT)

I am hereby requesting bus transportation for _____
NAME OF CHILD

Who will be attending _____ during the (20__ / 20__)
NAME OF SCHOOL School year

His or Her date of birth is _____.

Male _____ or Female _____

School Address _____

School Telephone Number _____

Grade Level _____ Class Hours _____

Print name of parent or guardian _____

Signature of parent or guardian _____

Home street address _____

Mailing address _____

Telephone number (home) _____ (work) _____ (cell) _____

**PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR IMPORTANT NOTIFICATIONS,
PERTAINING TO YOUR CHILD. FROM THE SOMERS CSD.**

******* E-MAIL** _____

REPLY NO LATER THAN APRIL 1, 2023

**Return to: Gerard Esposito
Transportation Dept.
PO Box 620
Lincolndale, NY 10540
(914)-277-2412
gesposito@somersschools.org**