

JERICHO PUBLIC SCHOOLS
99 Cedar Swamp Rd., Jericho, NY 11753
(516) 203-3600 Ext. 3244
Ms. Lori-Ann Savino, Director of Transportation

JERICHO TRANSPORTATION APPLICATION TO PRIVATE OR PAROCHIAL SCHOOLS
SCHOOL YEAR 2016/2017

In order to comply with Education Law, Section 3635, State of New York, this form **MUST** be filled out annually with complete, accurate, and pertinent information and return application with original signature no later than April 1, 2016.

Student's Name _____ Date of Birth _____

Address _____
No. Street Post Office Zip Code

Telephone Number _____ E-Mail address: _____

Parent's Names _____
Father Mother

Emergency Contact Person _____ Phone _____

Emergency Contact Person _____ Phone _____

SCHOOL ATTENDING AT PRESENT _____

Grade as of September, 2014 _____ Siblings at listed address: _____

TRANSPORTATION REQUESTED TO THE FOLLOWING SCHOOL:

NAME OF SCHOOL _____

Address _____
No. Street Post Office Zip Code

Telephone _____ Contact Person: _____

SCHOOL HOURS: TIME SESSION STARTS _____ TIME SESSION ENDS _____

ADDITIONAL DISMISSALS _____

Signature of Parent or Guardian

***BIRTH CERTIFICATE IS REQUIRED FOR ALL KINDERGARTEN STUDENTS**

***PLEASE NOTIFY THE OFFICE SHOULD THERE BE ANY CHANGE IN THE ABOVE INFORMATION**

IF YOU WISH THIS RECEIPT FOR YOUR RECORDS, PLEASE SIGN AND RETURN THIS FORM WITH A SELF-ADDRESSED, STAMPED ENVELOPE.

DATE RECEIVED: