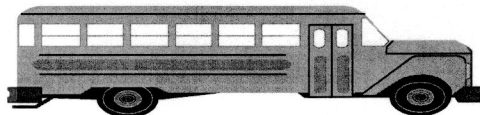


**REQUEST FOR TRANSPORTATION TO  
NON-PUBLIC SCHOOLS AND CERTIFIED DAY CARE FACILITIES**



**THIS APPLICATION MUST BE FILED WITH THE WEST ISLIP SCHOOL DISTRICT BY:**

**APRIL 1, 2018**

**Part A: To be completed whenever school bus service is required.**

**I hereby request that transportation be provided for my son / daughter to / from:**

(Please print)

**a non-public school, located at the following address for the 2018 – 2019 school year.**

**School:**

**Address:**

**Phone:**

(please print)

**Name of Student:**

(Please Print)

**Home Address:**

(Please Print)

**Telephone: Home #**

**Work #**

**Cell #**

**Birth Date:**

**Age:**

**Grade:**

(effective September 2018)

**Signed:**

**Date:**

(Name of Parent / Guardian)

**Part B: To be completed only if this request is a late request.**

**The reason I am submitting a late request for transportation service is:**

**Return to:**

**TRANSPORTATION DEPARTMENT**

**West Islip Public Schools**

**100 Sherman Avenue**

**West Islip, NY 11795**

**(Phone: 893-3300)**

**(Fax: 893-3383)**