

FORM MUST BE RETURNED BY APRIL 1, 2008

**Transportation Department
Westbury Union Free School District
4 Hitchcock Lane
Old Westbury, New York 11568-1624**

REQUEST FOR PUPIL TRANSPORTATION

Section I

Name of pupil _____

Date of birth _____ Age as of September 2008 _____ Grade _____

Transportation is requested from _____
(Home Address)

School _____
(Name & Address)

Remarks: (Parents to fill in, if necessary) _____

I hereby request transportation for the above pupil

(Signature of Parent or Guardian)

Telephone Numbers _____ and/or _____
(Home) (Business/Cell Phone)

Message to Parents: Please have section II completed by Registrar of the school your child will attend. A separate form must be completed for *each child, each year he/she will be in attendance. All blanks must be completed.*

Section II

THIS SECTION MUST BE COMPLETED BY SCHOOL OFFICIALS ONLY

2008 Official opening day _____

Regular school hours _____ AM to _____ PM

The above named pupil has been ACCEPTED by this institution for the 2008-2009 school year

Date _____ School Phone Number _____

Signature _____ Title _____

PLEASE NOTE: To be eligible for transportation, child must be five years of age no later than December 1, 2008