GOSHEN CENTRAL SCHOOL DISTRICT TRANSPORTATION REQUEST FOR THE

SCHOOL YEAR

(ENTER SCHOOL YEAR)

P: (845)615-6700 FAX:(845)615-6707

In accordance with the laws of the		· · · · · · · · · · · · · · · · · · ·
transportation to		, which is located
-		
at		during the coming scholastic year on
all days this school is in session,		
•	-	,
The pupil for whom I am reques	tilig transportation	,(STUDENT'S NAME)
was born on in th	he Citv of	and State of
The student will enter	grade in Septem	nber.
If EXCHANGE STUDENT:		
Date entered USA:	Country:	Female / Male (circle)
prior to <u>APRIL 1st of</u> each	ch year for the follov	ving school year.
Signature of Parent Guardian		Signature of Parent or Guardian
PRINT Name of Parent		PRINT Name of Parent or Guardian
Address	City/Town/Zip	Phone Number
Emergency Contact Person		Emergency Contact Phone Number
	ANSPORTATION U	SE ONLY
MILEAGE:		
STUDENT I.D. NUMBER:	-	
COMMENTS:		
Superintendent's Signature:		