

SMITHTOWN CENTRAL SCHOOL DISTRICT  
PRIVATE AND PAROCHIAL SCHOOL TRANSPORTATION APPLICATION  
FOR SCHOOL YEAR

DATE OF APPLICATION \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_  
(Last) (First)

LEGAL ADDRESS: \_\_\_\_\_  
(Street) (Town) (Zip)

DATE OF BIRTH : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GRADE ENTERING IN SEPTEMBER 2024 \_\_\_\_\_

NAME OF PARENT/GUARDIAN : \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

SCHOOL THE STUDENT IS CURRENTLY ATTENDING OR TRANSFERRING FROM: \_\_\_\_\_

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TRANSPORTATION INFORMATION

In accordance with the laws of New York State, I hereby formally request transportation for my child to:

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS OF SCHOOL: \_\_\_\_\_

For the school year 2024-2025 School Hours \_\_\_\_\_

**IMPORTANT PLEASE NOTE THE FOLLOWING REQUIREMENTS:**

\*ANY NEW RESIDENT