

Student ID # _____

**Maine-Endwell Central School District
Non-Public Transportation Request**

Office Use Only

Today's Date _____

Student's Name as it appears on the birth certificate:

Last _____ First _____ Middle _____

Date of Birth _____ Form of Birth Verification _____

Name of school attending: _____

Is this student a new enrollment? _____ Current grade _____ Gender _____

READ CAREFULLY AND PRINT CLEARLY

New students please complete sections A, B and C. Students currently registered with the district, please update any changes and complete Section C.

Section A

Legal Address: Street _____ Phone _____

Mailing Address: Street _____

City/State _____ Zip Code _____

Section B - Contact Information

	1 st Adult in Household	2 nd Adult in Household
Relationship to Student		
Name of Adult (First, Last)		
Place of Work		
Daytime Phone #	Ext:	Ext:
Cell Phone #		

In the event of an emergency, if the first or second adult listed cannot be reached, give the name of a person to call who would know how to reach the parents. The 2nd emergency contact is optional.

	1 st Emergency Contact	2 nd Emergency Contact
Name of Adult		
Relationship to Student		
Phone #		
Phone type – work, home, cell		

	Physician
Name	

Section C - Transportation

Please indicate HOME, SITTER, NONE, in the appropriate boxes below.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					

Sitter's Name: _____ Sitter's Phone: _____

Sitter's Address: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
PM					

Sitter's Name: _____ Sitter's Phone: _____

Sitter's Address: _____

Please return completed form to Maine-Endwell Transportation Dept. - PO Box 318 - Maine, NY 13802 by April 1 of each year. Questions please call the transportation office at 862-4469.