

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Year (YYYY-YYYY)

Valley Central School District (VCSD)  
Non Public School Transportation Request  
(A completed form is required for **each** student)

Return To: Valley Central School District, Business Office      845-457-2400 Ext.18115  
944 State Route 17K, Montgomery NY 12549      845-457-4254 Fax

In accordance with the laws of the State of New York, I \_\_\_\_\_  
Please Print Full Name of Parent or Guardian

request transportation for the following student for the upcoming school year. I understand that if I am a **current** resident of VCSD I must submit this request **no later than April 1** and if the request is received by VCSD after the April 1 deadline transportation may not be provided by VCSD.

In addition, I am authorizing the principal of the school listed (or his/her successor in that position) to be my representative in requesting transportation for my child. This authorization remains in effect for the school year listed above.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date Moved to District (MM/YYYY)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Grade in September

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date of Birth

***Please Attach Proof of Residency for Each Student***  
***(Acceptable proof of residency is a copy of either a school tax bill or rental/lease agreement & a copy of a current utility bill)***

\_\_\_\_\_  
Non Public School Requested

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone