

**Transportation Office**  
**Peekskill City School District**  
 400 S Division Street, Peekskill, NY 10566-3499  
 (914) 737-3300 Ext. 7702

Parochial Transportation Request - For the 2025-2026 School Year

***This Form must be filled out completely and returned by April 1, 2025***

Student's Name  (please print)	Male/ Female	School Attending	Grade 9/2025	Age	Date of Birth

Please Print: **Individuals below may receive my children at the bus stop.**

**Parent/Guardian:** \_\_\_\_\_  
First Name Middle Initial Last Name

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell/work Telephone #: \_\_\_\_\_

**Additional Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Name Last Name

Home Telephone #: \_\_\_\_\_ Cell/work Telephone #: \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Name Last Name

Home Telephone #: \_\_\_\_\_ Cell/work Telephone #: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please sign and date

