

Transportation Office
Peekskill City School District
 980 Pemart Ave, Peekskill, NY 10566-3499
 (914) 739-0682 Ext. 7702

Parochial Transportation Request - For the 2020-2021 School Year

This Form must be filled out completely and returned by April 1, 2020

Student's Name (please print)	Male/ Female	School Attending	Grade 9/2020	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

