

BALDWIN UNION FREE SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
960 HASTINGS ST, BALDWIN, NY 11510
516-434-6045

Today's Date: _____ Current School _____

FORM MUST BE RETURNED OR POSTMARKED BY APRIL 1, 2020

Student's Name _____
Last Name First Name

Address _____

Town _____ Zip Code _____

Home Telephone # _____ Parent Cell # _____

Date of Birth ____/____/____ Male _____ Female _____

Father's Name _____ Mother's Name _____

Father's Work Number _____ Mother's Work Number _____

Emergency Contact Name _____

Emergency Telephone Number _____

School Attending in 2020/2021 _____ Grade _____

Address _____

Town _____ Zip Code _____

School Hours _____

I acknowledge that I have read all statements and completed all information on this request for transportation and hereby request transportation under Section 3635 of the New York State Education Law.

Parent Signature _____ Date _____

NO FACIMILES OR EMAIL ATTACHMENTS ACCEPTED