

BALDWIN UNION FREE SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

960 HASTINGS ST, BALDWIN, NY 11510

516-434-6045

*****P R I N T *****

Today's Date: _____ Current School _____

FORM MUST BE RETURNED OR POSTMARKED BY APRIL 1

Student's Name _____

Last Name

First Name

Address _____ DOB _____

City _____ Zip Code _____

Home Telephone # _____ Parent Cell # _____

Parent or Guardian Email Address _____

Emergency Contact: _____ Phone: _____

School Year: 2024/2025

Grade: _____

School of Attendance _____

School Address _____

City _____

Zip Code _____

School Hours _____ School Phone _____ 1st Day of School: _____

In order to determine transportation eligibility, all new residents as well as students transferring schools must prove residency with the Baldwin Union Free School District registrar's office

1. *I understand that registration with Baldwin Schools must be completed prior to transportation requests being processed. My Baldwin Schools registration was completed on: Date: _____*
2. *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. Date: _____*

Parent Signature _____

Date _____