



**HAUPPAUGE PUBLIC SCHOOLS**  
**Office of the Department of Transportation**

**Request for Transportation**

*In accordance with the laws of New York State, I hereby formally request transportation for my son/daughter (student name) \_\_\_\_\_*

*To (name of school and location) \_\_\_\_\_*

*\_\_\_\_\_ for the ensuing school year. I have authorized the principal to act as my representative in requesting transportation as long as the child remains in the school.*

*Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_*

**THIS FORM MUST BE RETURNED & DATED BEFORE APRIL 1**

*Student Name \_\_\_\_\_*

*Address \_\_\_\_\_*

*Nearest cross street \_\_\_\_\_*

*Grade for School Year 2024/2025 \_\_\_\_\_ Date of Birth \_\_\_\_\_*

*Parent/Guardian name \_\_\_\_\_*

*Phone Residence# \_\_\_\_\_ Cell# \_\_\_\_\_ Cell# \_\_\_\_\_*

*Email Address: \_\_\_\_\_*

*In case we cannot reach you at these numbers, please provide us with an alternative name and number*

\_\_\_\_\_

**PLEASE NOTE:**

*Parents requesting transportation services for a child for the first time must register in the district in order to receive services. Please call the student registrar at (631) 761-8260 for information. RETURN THIS FORM TO:*

**HAUPPAUGE PUBLIC SCHOOLS**  
**Transportation Office**  
**495 Hoffman Lane, P O Box 6006,**  
**Hauppauge, N Y 11788**  
**Fax: 631-870-5789**

*Or email to [osuna-williamsd@hauppauge.k12.ny.us](mailto:osuna-williamsd@hauppauge.k12.ny.us)*