

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

Identification:

Student Name _____

Address _____

Nearest cross street _____

Grade in September 2018 _____ date of birth _____

Parent/guardian name _____

Phone Residence# _____ work# _____ 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: kinslevg@hauppauge.k12.ny.us