

**TRI-VALLEY CENTRAL SCHOOL DISTRICT  
PRIVATE SCHOOL TRANSPORTATION REQUEST**

In accordance with New York State Law, Section 22.82, I formally request transportation to the \_\_\_\_\_ School during the \_\_\_\_\_ school year.

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Nearest Cross Street or Reference Point: \_\_\_\_\_

Daytime Phone: Home: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In addition to this making this request, I wish to inform you that I have authorized the principal of the \_\_\_\_\_ School or his/her successor in that position to be my representative in requesting transportation for my child.

This authorization shall remain in effect for the \_\_\_\_\_ school year, or unless I expressly revoke this request.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

\*Note: This request must be received by the Tri-Valley Central School District no later than April 1<sup>st</sup> for consideration. Mail to: 34 Moore Hill Road, Grahamsville, New York 12740. Phone: 845-985-2296