



EARLY INTERVENTION/PRESCHOOL
BUS TRANSPORTATION INFORMATION FORM
Vincent Tamagna, Transportation Manager
845-878-3480 Ext: 48109

FAX TO Marianne Larm: 845-808-4092

DATE: SCHOOL DISTRICT:

SCHOOL: CAMPUS:

TRANSPORTATION REQUESTED FOR: [] SUMMER (year) [] SEPTEMBER (year)

SESSION: [] A.M. [] P.M. [] FULL DAY

DAYS CHILD IS TO BE TRANSPORTED: [] Mon. [] Tues. [] Wed. [] Thurs. [] Fri.

START DATE:

STUDENT: (First Name) (Last Name) DOB: (MM/DD/YYYY)

Parent(S)/Guardian(S)/Authorized Person(S) Names:

Home Address:

Home Phone: Cell Phone: Work Phone:

PICK UP AT:

Name:

Address: No. and Street Town Zip Phone No.

DROP OFF AT:

Name:

Address: No. and Street Town Zip Phone No.

EMERGENCY CONTACTS: (If we are unable to reach the parents)

1) Name Relationship to Student:

Home Phone: Cell Phone: Work Phone:

2) Name Relationship to Student:

Home Phone: Cell Phone: Work Phone:

Does your child have any special Medical needs? If so, please specify: