

SEAFORD UNION FREE SCHOOL DISTRICT
1600 WASHINGTON AVENUE
SEAFORD, NEW YORK 11783
Attention: Transportation Department

2016 - 2017
School Year

TRANSPORTATION APPLICATION NON PUBLIC SCHOOLS

STUDENT NAME _____ HOME TELEPHONE NO. _____

ADDRESS _____
_____ BIRTH DATE _____

Emergency Contact Person _____ Relationship to Student _____

Address _____ Telephone No. _____

Are you residing with your parents? Yes/No If not, with whom? _____

School last attended: _____

SCHOOL YOU WILL NOW ATTEND: _____

Address: _____

Grade entering: _____ Principal's Name _____

Telephone No. _____ School Hours _____

A Late Bus is provided only from those schools with seven or more Seaford School District students in attendance, if you qualify do you require a Late Bus? Yes / No

I hereby certify that all statements made on this application are true, and any misstatement will constitute sufficient reason for denial of a transportation pass:

Signature of Student or Parent

Date of Application

Note: This application must be returned to the attention of the *Transportation Department* at the above address no later than April 1, 2016. *Cancellation of transportation services must be directed to the Transportation Office at 592-4016.*