

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

**2017 - 2018**  
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, 2017. *Cancellation of transportation services must be directed to the Transportation Office at 592-4016.***