

**Transportation Office**  
**Peekskill City School District**  
 980 Pemart Ave, Peekskill, NY 10566-3499  
 (914) 739-0682 Ext. 248

**Transportation Request - For the 2017-2018 School Year**

***This Form must be filled out completely and returned by April 1, 2017***

Student's Name  (please print)	Male/ Female	School Attending	Grade 9/2017	Age	Date of Birth

Please Print: **Individuals below may receive my children at the bus stop.**

**Parent/Guardian:** \_\_\_\_\_  
First Name
Middle Initial
Last Name

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell/work Telephone #: \_\_\_\_\_

**Additional Contact: Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
First Name
Last Name

Home Telephone #: \_\_\_\_\_ Cell/work Telephone #: \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
First Name
Last Name

Home Telephone #: \_\_\_\_\_ Cell/work Telephone #: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign and date

