



PEEKSKILL CITY SCHOOL DISTRICT
A System Focused on Every Student, Every Day

Joyce Long
Director of Special Services

Administration Center, 1031 Elm Street • Peekskill, NY 10566-3499
(914) 737-3300x327 FAX: (914)788-7584
jlong@peekskillcsd.org

REQUEST FOR MEDICAL TRANSPORTATION

Letter from Parent/Guardian

Date: _____

Name of child: _____

School: _____

Grade: _____

I am requesting MEDICAL TRANSPORTATION for my child because of

(please give reason(s))

I have received the MEDICAL REQUEST SCHOOL BUS TRANSPORTATION form and will have it filled out by my child's physician. I give permission for the school physician to contact the student's physician.

Signature of Parent: _____

Print name of parent: _____

Address: _____

Phone: _____

Please return this letter and completed MEDICAL REQUEST FOR SCHOOL BUS TRANSPORTATION FORM to the Special Services Office, Administration Center, 1031 Elm St., Peekskill, NY 10566



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SOLICITUD PARA TRANSPORTE MÉDICO

Carta del Padre/Madre/Guardian

Fecha: _____

Nombre y apellido del estudiante: _____

Escuela: _____

Grado: _____

Estoy solicitando TRANSPORTE MÉDICO para mi hijo por el siguiente motivo

(por favor indique el motivo)

_____.

He recibido el formulario de solicitud para recibir TRANSPORTE MÉDICO y haré que lo rellene el doctor de mi hijo. Doy permiso para que el médico de la escuela llame al médico del estudiante.

Firma del Padre/Madre/Guardian: _____

Nombre y Apellido del Padre/Madre/Guardian: _____
(en letra de imprenta)

Dirección: _____

Teléfono: _____

Por favor devuelva esta carta y el FORMULARIO MÉDICO DE SOLICITUD PARA RECIBIR TRANSPORTE ESCOLAR a la Special Services Office, Administration Center. 1031 Elm St., Peekskill, NY 10566