

**PRIVATE / PAROCHIAL SCHOOL TRANSPORTATION REQUEST FORM**

Elwood Public Schools  
Transportation Department  
100 Kenneth Ave  
Greenlawn, NY 11740-2900  
Phone: 631-266-5400 x 5435 – Fax: 631-266-1576  
transportation@elwood.k12.ny.us

**(Due by April 1<sup>st</sup> every year – form may be mailed, faxed or emailed)**

I hereby formally request Transportation for my child for the **2023-2024** school year to:

\_\_\_\_\_  
(School)

\_\_\_\_\_  
(School Address)

\_\_\_\_\_  
(School last attended)

**STUDENT INFORMATION**  
(Please use one form for each student)

**If you are new to the district or registering a Kindergarten student, you must prove residency prior to requesting transportation. Please contact Registration at 631-266-5400 x 1455.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Grade (as of 9/2023): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Email Address:  
\_\_\_\_\_

Date: \_\_\_\_\_