

**Indian River Central School District  
Transportation Request  
Non-Public Schools**

*I would like to request transportation for my child/children listed below:*

School & Building	School Year
Home Address:	
<input type="checkbox"/> New Student(s) <input type="checkbox"/> Address Change <input type="checkbox"/> Moved out of District	

Student Data: (Print)						
Name (Last)	Name (First, Middle Initial)	SEX M/F	DOB	Grade	Ethnicity	Language

<b>Parent Information:</b> (Please Print)	
Father's Name	Home Phone
	Work Phone
	Cell Phone
Mother's Name	Home Phone
	Work Phone
	Cell Phone

**Reminder:**  
NYS Law states all requests must be returned by *April 1*.

<b>PERSONS TO CALL IN CASE OF AN EMERGENCY</b> ( <i>Do not list parent or other person in home; we call family first.</i> )		
Please list two, and these people should be local and aware that you have listed their names).		
Name	Address	Phone
Name	Address	Phone

Parent Signature	Date
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Please return to: Indian River CSD Transportation Dept 32735 B County Rt 29, Philadelphia, NY 13673 or Fax: (315) 642-0621
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