

Highland Falls-Fort Montgomery  
Central School District  
PO Box 287 · Highland Falls, New York 10928  
[www.hffmcsd.org](http://www.hffmcsd.org)

TRANSPORTATION DEPARTMENT

SCHOOL YEAR: 2017-2018

DATE: \_\_\_\_\_

In compliance with Section 3635 of the New York State Education Law, a parent or guardian of children residing in the Highland Falls-Fort Montgomery Central School District and attending a non-public school must request transportation services prior to **April 1st** preceding the next school year. A separate form is required for each child.

**APPLICATION FOR TRANSPORTATION TO PRIVATE/PAROCHIAL SCHOOL**

**PLEASE PRINT**

School Attending: \_\_\_\_\_ Grade Entering \_\_\_\_\_

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
House # Street/Road Town/City/State/Zip

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

Nearest Intersecting Road or Landmark to Residence: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ and/or Work Phone Number: \_\_\_\_\_

Contact Person in Event of Emergency: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

LIST SIBLINGS WITH AGE AND PRIVATE SCHOOL IF THEY ARE ATTENDING  
(IMPORTANT DISTRICT INFORMATION):

\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING INFORMATION WILL BE HANDLED IN A CONFIDENTIAL MANNER:**

Please list any health problem(s) that might affect your child while riding the bus (i.e. bee sting allergy, other severe allergies, asthma, seizures, motion sickness, ETC...)

\_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* We do not transport to private and parochial schools on days that the HFFMCSD is not in session.