

RETURN TO:

CITY SCHOOL DISTRICT OF NEW ROCHELLE
OFFICE OF TRANSPORTATION
515 North Avenue, New Rochelle, New York 10801
(914) 576-4230

LATE BUS APPLICATION 18-19

SCHOOL: _____

GRADE: _____

AFTER-SCHOOL ACTIVITY: _____
Basketball, Gymnastics, School Play, Tutoring, etc.

START DATE (must be filled in): _____ **END DATE (must be filled in):** _____

(Application is not valid without the start and end dates of the activity)

DAYS OF THE WEEK (circle ALL that apply):

MON

TUES

WED

THURS

FRI

STUDENT NAME: _____
LAST NAME FIRST NAME MI

ADDRESS: _____
Street City State Zip

BIRTH DATE: _____ **SEX:** _____

BUSING INFORMATION: (Please PRINT Clearly. Please indicate if child attends childcare)

BUS ROUTE: _____ **BUS STOP:** _____

LEGAL GUARDIAN INFORMATION:

MR./MRS./MS. NAME: _____

RELATIONSHIP TO STUDENT: _____ **PRIMARY PHONE:** _____

E-MAIL: _____

EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP TO STUDENT: _____ **PHONE:** _____

SIGNATURE _____

DATE _____

PARENT OR LEGAL GUARDIAN