

Student ID # \_\_\_\_\_ **Maine-Endwell Central School District**  
**Office Use Only** **Non-Public Transportation Request**

Today's Date \_\_\_\_\_

**Student's Name as it appears on the birth certificate:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Form of Birth Verification \_\_\_\_\_

Name of school attending: \_\_\_\_\_

Is this student a new enrollment? \_\_\_\_\_ Current grade \_\_\_\_\_ Gender \_\_\_\_\_

**READ CAREFULLY AND PRINT CLEARLY**

*New students please complete sections A, B and C. Students currently registered with the district, please update any changes and complete Section C.*

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**Section A**

Legal Address: Street \_\_\_\_\_ Phone \_\_\_\_\_

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

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**Section B - Contact Information**

	1 <sup>st</sup> Adult in Household	2 <sup>nd</sup> Adult in Household
Relationship to Student		
Name of Adult (First, Last)		
Place of Work		
Daytime Phone #	Ext:	Ext:
Cell Phone #		

In the event of an emergency, if the first or second adult listed cannot be reached, give the name of a person to call who would know how to reach the parents. The 2<sup>nd</sup> emergency contact is optional.

	1 <sup>st</sup> Emergency Contact	2 <sup>nd</sup> Emergency Contact
Name of Adult		
Relationship to Student		
Phone #		
Phone type – work, home, cell		

	Physician
Name	

### Section C - Transportation

Please indicate HOME, SITTER, NONE, in the appropriate boxes below.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					

Sitter's Name: \_\_\_\_\_ Sitter's Phone: \_\_\_\_\_

Sitter's Address: \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
PM					

Sitter's Name: \_\_\_\_\_ Sitter's Phone: \_\_\_\_\_

Sitter's Address: \_\_\_\_\_

Please return completed form to Maine-Endwell Transportation Dept. - PO Box 318 - Maine, NY 13802 by May 1 of each year. Questions please call the transportation office at 862-4469.