



SACHEM CENTRAL SCHOOL DISTRICT

Transportation Office
51 School Street
Lake Ronkonkoma, NY 11779
(631) 471-1380
Stephen Shadbolt, Transportation Supervisor

January, 2016

Dear Director/Principal:

The Sachem Board of Education Transportation Policy requires that Private and Parochial school students must have their transportation requests in to our office no later than April 1, 2016 in order to qualify for transportation services for September, 2016.

Enclosed please find a supply of applications which should be distributed to any of your students living in the Sachem district who would like to request continuing transportation to your facility for the 2016-2017 school year. This form should be completed by the parent and returned to the following address by April 1, 2016.

**Transportation Office
Sachem Central School District
51 School Street
Lake Ronkonkoma, NY 11779**

This form is only for students who are currently receiving transportation services through Sachem.

This is the ONLY form Sachem CSD will accept for transportation requests. Any new students and/or kindergarten students must call Central Registration at 471-7861 to receive information on the registration process. This form will not be accepted for new or kindergarten students.

Please discard any old forms you may still have on file and make copies of this new one and use only the enclosed applications. Any requests using other forms will be returned. Please notify us of any changes to school times or contact information.

Thank you for your cooperation.

Yours truly,

Stephen Shadbolt
Transportation Supervisor



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APPLICATION FOR CONTINUING TRANSPORTATION

DO NOT USE IF REQUESTING TRANSPORTATION FOR THE FIRST TIME! Use only for **CONTINUING** private and parochial school transportation. For information regarding kindergarten or first time requests, please call Central Registration at 471-7861.

Student's Name

First

Middle

Last

Home Address

E-Mail Address

School the student will be attending in September 2017

Grade entering September 2017

Date of Birth

Name of Parent/Guardian:

Home Telephone Number

Work Telephone Number

TRANSPORTATION INFORMATION

In accordance with the laws of New York State, I hereby formally request transportation for my child to:

Name of School

Address of School

School Hours for September 2017

Signature of Parent/Guardian
