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 14-15

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 indicate if child attends childcare)

BUS ROUTE: _____ BUS STOP: _____

LEGAL GUARDIAN INFORMATION:

MR./MRS./MS. NAME: _____

RELATIONSHIP
TO STUDENT: _____ HOME PHONE: (_____)_____

WORK PHONE: (_____)_____

EMERGENCY CONTACTS:

MR./MRS./MS./ NAME: _____

RELATIONSHIP
TO STUDENT: _____ HOME PHONE: (_____)_____

WORK PHONE: (_____)_____

SIGNATURE _____ **DATE** _____
PARENT OR LEGAL GUARDIAN

Rev. 01/22/10