



Marlboro Central School District

Rosanne Mele
Assistant Superintendent for Business and Personnel

Transportation Request

Date: _____

Student Information

Name: _____

Date of Birth: _____ Gender: _____ Primary Language: _____

Residential Address (NO PO Box): _____
(Street)

(City) (State) (Zip)

Parent/Guardian Information

Name: _____ Relationship: _____

Cell Number: _____ Home/Work Number: _____

Name: _____ Relationship: _____

Cell Number: _____ Home/Work Number: _____

The information below is mandatory for Kindergarten, First and Second grade students. It is optional for all other students.

The people named below have permission to put my child on the bus or take my child off the bus when I am not able to be at his/her stop:

<u>Name</u>	<u>Relationship to Child</u>	<u>Telephone Number(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____