**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 2024-2025**

| SCHOOL:                  |                               |                |                     | <del></del>   | GRADE:           |               |  |
|--------------------------|-------------------------------|----------------|---------------------|---------------|------------------|---------------|--|
| AFTER-SCHOOL ACTIV       | /ITY:Basketba                 | II. Gymnastics | . School Play. Tuto | ring, etc.    |                  |               |  |
|                          |                               |                |                     |               |                  |               |  |
| START DATE (must be fill | ed in):<br>Application is not |                |                     | _             |                  |               |  |
| ·                        |                               |                |                     |               | of the activity) |               |  |
| DAYS OF THE WEEK (       | circle ALL that apply):       | MON            | TUES                | WED           | THURS            | FRI           |  |
|                          |                               |                |                     |               |                  |               |  |
| STUDENT NAME:LAST NAME   |                               |                | FIRST NAME          |               |                  |               |  |
|                          | LAST NAIVIE                   |                | FIRS                | INAIVIE       |                  | IVII          |  |
| ADDRESS:                 | Street                        |                |                     |               |                  |               |  |
|                          | Street                        |                | City                |               | State            | Zip           |  |
| BIRTH DATE:              |                               |                | SEX:                |               |                  |               |  |
| DUCING INFORMA           | FION: /Diagos F               | DINT CL        | narly Diago         | a indiaata i  | f abild attack   | do obildooro\ |  |
| BUSING INFORMA           | HON: (Please F                | PRINT CIE      | eariy. Pieas        | e indicate i  | r child attend   | as childcare) |  |
| BUS ROUTE: BUS           |                               |                | )P:                 |               |                  |               |  |
|                          |                               |                |                     |               |                  |               |  |
| LEGAL GUARDIAN II        | NFORMATION:                   |                |                     |               |                  |               |  |
| MR./MRS./MS. NAME: _     |                               |                |                     |               |                  | <del></del>   |  |
| RELATIONSHIP TO STUDENT: |                               |                | DDIMA               | N/ DUONE      |                  |               |  |
| IO STUDENT:              |                               |                | PRIMAF              | RY PHONE:     |                  |               |  |
| E-MAIL:                  |                               |                |                     | <del></del> - |                  |               |  |
| EMERGENCY CONTA          | ACT:                          |                |                     |               |                  |               |  |
| NAME:                    |                               |                |                     |               |                  |               |  |
| RELATIONSHIP             |                               |                |                     |               |                  |               |  |
| TO STUDENT:              |                               |                | PHONE               | :             |                  |               |  |
|                          |                               |                |                     |               |                  |               |  |
| SIGNATURE                |                               |                | DATE                |               |                  |               |  |

PARENT OR LEGAL GUARDIAN