

APRIL 1ST DEADLINE

16

The Laurel Hill School

201 Old Town Road
East Setauket, New York 11733

631-751-1154

info@laurelhillschool.org

www.laurelhillschool.org

GRADES K-8 TRANSPORTATION REQUEST

In accordance with the laws of New York State, I hereby formally request transportation for my son / daughter to **The Laurel Hill School** for the school year 20____ - 20____

Signature of Parent/Guardian

Date

PUPIL INFORMATION

Name _____

Address _____

Village _____

Age* _____ Date of Birth _____ Grade in September _____

Name of Parent/Guardian _____ Telephone _____

SESSION REQUESTED

Kindergarten Full Day (8:20 AM - 3:15 PM) _____

Grades 1 - 8 Full Day (8:20 AM - 3:15 PM) _____

Form below must be filled-in completely and accurately

Name _____

Street Address _____ Village _____

On **N E W S** side of street (Circle one)

House is located between _____ and _____

Street

Street

Nearest to _____ / _____

***This form must be submitted to the student's local school district.
A copy of the student's birth certificate MUST accompany this form.
Also, if this form is submitted after the DEADLINE OF APRIL 1st, a letter of
explanation must be attached.**