

196 Main Street, New Paltz, New York 12561 • Phone: (845)256-40/0 • Fax: (845)256-40/7 • www.newpaltz.k12.ny.us

Maureen Ryan

Director of Transportation

Lisa Haynes *Head Bus Driver*



Christina Winne

Assistant Director of Transportation

Debbie Chase

Account Clerk/Typist

2025/2026 TRANSPORTATION REQUEST FOR PRIVATE/PAROCHIAL SCHOOLS

In accordance with the Laws of the State of New York, I hereby forma	lly request
transportation for my child to the	_ School.
Child's Name	_
DOB/ Grade Entering Age	_
Address: House # and Street (PO Box Numbers Unacceptable; Please Indicate H	
City, State, Zip	
Home or Cell Telephone # Emergency Tele	ephone #
THE NEW PALTZ CENTRAL SCHOOL DISTRICT DOES NOT TRANSPORT TON DAYS IN WHICH THE DISTRICT IS CLOSED FOR STUDENTS. A request must be completed for each child and submitted on or before Aprilaw Section 3635. Students who register for Kindergarten must meet the salettending New Paltz Central School District. SCHOOL ATTENDED BY YOUR CHILD IN THE 2024/2025 SCHOOL YEAR	I 1, 2025 as established by Education me requirements as students
PARENT/GUARDIAN SIGNATURE	
DATE/	
(FOR TRANSPORTATION OFFICE USE)	
DATE RECEIVED// MILEAGE DISTANCE FROM HOME TO SCHOOL 15 MILES AND UNDER IF MORE THAN 15 MILES, S	
TRANSPORTATION APPROVED DISAPPROVED	 revised 1/15/25