MIDDLETOWN SCHOOL DISTRICT

Request for Transport – Parochial/Private Schools

Date of Application: _______________ School Year: 2019-2020

This form must be received by Mid-City Transit Corp. no later than April 1ST every year for the coming school year.

Student Details:

Name: ________________________________________

Address: _______________________________________

_______________________________________________

School Name: {  } Harmony Christian         {  } Chapel Field
{  } Middletown Christian         {  } John S. Burke
{  } Mount Carmel                 {  } St Johns
{  } New Beginnings               {  } Montgomery
Montessori

Grade for 2019-2020 School Year: _______ Middletown School District Student ID # __________
(if known)

Student Date of Birth: _________________

Mailing Address: _________________________________

_______________________________________________

Complete mailing address is required so we can mail a postcard with bussing information to you before the start of the next school year.

Parent/Guardian’s Details:

Name: ____________________________

Home Phone #: ______________________

Work Phone#: ______________________

Cell Phone #: _______________________

Emergency Phone #: _________________

Middletown School District Student ID # __________

Parent/Guardian Signature: ___________________________________

Rules for transport to Parochial/Private Schools:

1. Transportation is provided only to students who reside within the Enlarged City School District of Middletown
2. Submitting this request does not guarantee transportation. Final decision will be made by the Transportation Department of The Enlarged School District of Middletown.
3. Transportation is not available for student’s residing less than 1 mile from their school of attendance.
4. This request remains effective for the school year. Mid-City Transit must be notified of any changes.
5. All kindergarten students must be met at their bus stop daily by a responsible adult.
6. Provision for transport to/from child care can be made on a separate request form, to be submitted to Mid-City Transit Corp.

Submit form to:

Mid-City Transit Corp.
P.O. Box 202
Middletown, NY 10940
FAX: 845-343-7717