

TRANSPORTATION FORM
SMITHTOWN CHRISTIAN SCHOOL
1 HIGBIE DRIVE
SMITHTOWN, N.Y. 11787
Phone: 631.265.3334

This form is to be sent directly to your school district's Transportation Department by April 1st! Please do not return to SCS.

Transportation is being requested for the School Year 20_____ - 20_____ to:

Smithtown Christian School 1 Higbie Drive Smithtown, NY 11787

This transportation is being requested for the following student(s): (use back of form if necessary)

Name_____ Birth Date_____ Age_____

Address_____

Town_____ Zip Code_____ Home phone_____

Grade_____ entering in September 20_____

Name_____ Birth Date_____ Age_____

Grade_____ entering in September 20_____

Name_____ Birth date_____ Age_____

Grade_____ entering in September 20_____

Emergency drop off information: (Must be within your school district)

Name_____ PhoneCell #_____

Address_____ Town_____

Additional information_____

Signature of Parent/Guardian_____

Submitted_____