

HARBORFIELDS CENTRAL SCHOOL DISTRICT  
2 OLDFIELD ROAD  
GREENLAWN, NEW YORK 11740  
631-754-5300 ext 6330/ fax 631-754-5318

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## 2025-2026 Private and Parochial Transportation Request

**\*\*The requested school must be within a 15 mile limit of your address\*\***

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS OF SCHOOL: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SCHOOL HOURS: start: \_\_\_\_\_ AM end : \_\_\_\_\_ PM

FIRST DAY (DATE) OF CLASSES: \_\_\_\_\_

Transportation is requested on all days school is in session for the following student, please fill out one form per child:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age \_\_\_\_\_

Grade entering in September \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Late Bus Request: YES: \_\_\_\_\_ NO: \_\_\_\_\_

(must be at least five (5) people requesting a late bus to add a late bus to a school)

***This form must be received by Transportation on/or before April 1, 2025.***

***Transportation will not be provided if received after this deadline.***

