Half Hollow Hills Central School District
TRANSPORTATION DEPARTMENT
25 Burrs Lane Dix Hills, NY 11746
Phone (631) 592-3855 Fax (631) 592-3910
Stephen Troy, Supervisor

APPLICATIONS FOR TRANSPORTATION TO PRIVATE AND PAROCHIAL SCHOOLS MUST BE SUBMITTED TO THE HALF HOLLOW HILLS CENTRAL SCHOOL DISTRICT BEFORE APRIL 1 FOR THE FOLLOWING SCHOOL YEAR.

2015-2016 School Year
Private and Parochial School Transportation Application

PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION

If this student was not transported to private or parochial school by the Half Hollow Hills Central School District in the prior school year, you must bring this completed application, the original sealed birth certificate and two acceptable proofs of residence to the Fran Greenspan Administration Center to register the student first.
(see www.hhh.k12.ny.us>discover HHH>student registration for more information)

Student's Name: _____ _____ Date of Birth: ____/____/____
LAST FIRST

Address: _____ _____
and STREET TOWN, ZIP

Home Telephone: (____)_____-_____Parent Email Address: _____

Mother's Name: _____ Mother's Cell: (____)_____-_____

Father's Name: _____ Father's Cell: (____)_____-_____

Name of school student will be attending: _____

School Address: _____ _____
and STREET TOWN, ZIP

School Phone: (____)_____-_____ Date student will start school: ____/____/____ Grade : _____

Parent/Guardian Signature _____

It is the applicant's responsibility to confirm the Transportation Department's receipt of your application BEFORE APRIL 1.

OFFICE USE ONLY

Application received on: _____ By: _____