

CHARTER SCHOOL OF EDUCATIONAL EXCELLENCE
TRANSPORTATION APPLICATION
2009-2010



Fax To: TUR BUS / 914-375-3169

Requestor: _____

Date: _____

BRONX RESIDENTS ONLY

Student's Name: _____
Last Name First Name

Gender: Male Female

Date of Birth: ____ / ____ / ____

Grade: _____

Home Address:

House # Street City/Town State Zip Code Apt #

CROSS STREETS: _____ & _____

PARENT INFORMATION

Parent's Name: _____ Home Telephone #: _____

Cell #: _____ Work Telephone #: _____

EMERGENCY CONTACT INFORMATION

Contact Person's Name: _____

Home Telephone: _____ Cell Phone #: _____

Relationship to Child: _____

***** FOR BUSINESS USE ONLY *****

APPROVED DENIED

ASSIGNED BUS #/ROUTE: _____

Bus Stop Location: _____

*Approximate Times: Pick Up Time: _____ Drop Off Time: _____