

MECHANICVILLE CITY SCHOOL DISTRICT

**Board of Education
25 Kniskern Avenue
Mechanicville, NY 12118**

**2026-2027 PRIVATE SCHOOL
TRANSPORTATION REQUEST**

Date: _____

Transportation is requested for:

First Name Middle Last

Address

Age _____ D.O.B. _____ Grade _____

Name/address of Private School _____

School Year _____

Signature of Parent/Guardian

Home Phone Emergency Phone

**PLEASE COMPLETE THIS FORM AND RETURN TO THE BUSINESS OFFICE, 25 KNISKERN AVENUE,
MECHANICVILLE, NY 12118 BY APRIL 1ST, 2026. APPLICATIONS WILL NOT BE ACCEPTED AFTER THIS
DEADLINE.**

(rev APR 2026)

**MECHANICVILLE CITY SCHOOL DISTRICT
EMERGENCY INFORMATION SHEET**

Student's Name: _____ Date of Birth: _____

Address: _____ Grade: _____

_____ Gender: _____

County: _____ S.S. #: _____

Child Lives with: **Please Circle One**

Mother Father Both Other(Specify): _____

Ethnic Origin (Circle One):

White Asian African American Hispanic Native American Other

Parent/Guardian: _____ Place of Employment: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian: _____ Place of Employment: _____

Cell Phone: _____ Work Phone: _____

In accordance with Chapter 549 of the Education Law of 1986, I am providing the following list of people to whom my children, upon my written authorization, may be released from the Mechanicville City School District. These people may also be contacted in the event of an emergency and I cannot be reached:

First Contact: _____ Phone: _____

Second Contact: _____ Phone: _____

**Does your child have any allergic reactions or medical problems?
If so, what emergency treatment has been ordered by your family doctor?
(Please note any medications your child takes daily at home.)**

Medical Comments: _____

Hospital Choice: _____ Physician to be Called in Emergency: _____

RELEASE

If Emergency Treatment is required and the parents or legal guardian cannot be reached immediately, your signature below empowers the school authorities to exercise their own judgement to transport the child to a hospital emergency room and/or allows the school physician to complete physical examinations as required by State Law. However, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent/Guardian Signature(s): _____ Date: _____