



**East Greenbush Central Schools**  
 D. JACK HEDDEN-RAYMOND H. WERKING SR  
 TRANSPORTATION CENTER  
 112 Hays Road · East Greenbush, NY 12061  
 Phone (518) 477-9288 · Fax (518) 477-7647  
 MaryAnn Belmont, Transportation Supervisor

Office Use Only
Received Date
New Student
Approved

## REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS

STUDENT/S **MUST** BE REGISTERED WITH THE EAST GREENBUSH CENTRAL SCHOOL DISTRICT

**For transportation to start on the first day of school, this form must be received by April 1<sup>st</sup>, 2018**  
*(This form **MUST** be updated annually)*

**IMPORTANT NOTE:** If children will need transportation to more than one (1) private school a separate sheet should be used for each school

Residents of the East Greenbush Central School District who are eligible for transportation to non-public schools under the 15-mile limit are **required** to file an application each year for such transportation in accordance with Chapter 363 of the New York State Laws of 1960. Complete and return this form if you wish to request transportation to a private school even if you do not require any transportation. *Please advise if we should remove your student from the private school list*

**SCHOOL YEAR: (Please circle)      2018/19      OTHER**

**Name of Private School:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**School Address:** \_\_\_\_\_  
*Street Address*      *City*      *Zip*

List All Children Attending This School						Transportation Requested				
Last,	First,	MI	Gender	Birth Date	Grade as of Sept 2018	AM	PM	On Call AM	On Call PM	No Bus Needed
1)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Siblings in this Household Include those that have not yet reached school age	Gender	Birth Date

Full Name of Parents/Guardians	Relationship to Student	Home Phone	Work/Day Phone	Cell Phone

**Students Residential Address (Must be physical address – no Post Office Box)**

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Resides With:  Both Parents  Father  Mother  Other \_\_\_\_\_ Receives Mail:  Yes  No

Additional Comments:

*I certify that the information provided above is accurate and complete*

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

\_\_\_\_\_  
 Date