

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 Mark Noeth, 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 1st, 2020 (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: 2020/2021 | | | | | O' | <u> THER</u> | | | | | | |
|--|---------|----|-------------------------|------------|---------------|--------------------------|-------------------------|----|------------|------------|------------------|--|
| Name of Private School: | | | | | Phone Number: | | | | | | | |
| School Address: Street A | | | dress | City | City | | | | | | | |
| List All Children Attending This School | | | | | | Transportation Requested | | | | | | |
| Last, | First, | MI | Gender | Birth Date | | Grade as of Sept 2020 | | PM | On Call AM | On Call PM | No Bus Needed | |
| 1) | | | | | | | | | | | | |
| 2) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 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 – not Post Office Box) | | | | | | | | | | | | |
| Street: | | | | | | City: | | : | Zip: | | | |
| Resides With: Both Parents Father Mother Other | | | | | | | Receives Mail: □Yes □No | | | | | |
| Additional Co | mments: | | | | | | | | | | | |
| I certify that the information provided above is accurate and complete | | | | | | | | | | | | |
| Parent/Guardian Signature Date | | | | | | | | | | | | |