



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, 2021
*(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: 2021/2022

OTHER

Name of Private School: _____						Phone Number: _____				
School Address: _____										
<i>Street Address</i>						<i>City</i>			<i>Zip</i>	
List All Children Attending This School						Transportation Requested				
Last,	First,	MI	Gender	Birth Date	Grade as of Sept 2021	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 – not Post Office Box)		
Street:	City:	Zip:
Resides With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____	Receives Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Comments:

I certify that the information provided above is accurate and complete

 Parent/Guardian Signature

 Date