

PINE PLAINS CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

2019-2020 School Year

Annual Request for Transportation to a Non-Public School

NEW YORK STATE EDUCATION LAW REQUIRES THAT A WRITTEN REQUEST FOR TRANSPORTATION TO A NON-PUBLIC SCHOOL TO BE FILED EACH YEAR BEFORE APRIL 1ST TO BE ELIGIBLE FOR TRANSPORTATION THE FOLLOWING YEAR.

Note: To be eligible for transportation, children must be five (5) years of age on/or before December 1st of the school year in which transportation is provided. A copy of a birth certificate must be provided for Kindergarten students.

Name of School Requested			Start Time	Dismissal
Street Address			Early Dismissal	Day
City	State	Zip	Phone Number	
TRANSPORTATION REQUEST (circle one)			AM ONLY	PM ONLY BOTH

STUDENT INFORMATION

Last Name	First	MI	Date of Birth
Street Address			Grade Student Entering
City	State	Zip	<input type="checkbox"/> M <input type="checkbox"/> F

Please note: It is your responsibility to provide accurate information so that the district can schedule routes and determine budgetary needs. Mileages of 15 and under and filing before April 1st determines eligibility. Once a route has been established based on eligibility, late applicants will be added to existing stops. Any address change from the previous year or new applicants may require proof of residency. All routes are subject to changes for safety and efficiency throughout the year.

Parent/Guardian Names: Mother _____ (Please Print) Father _____ (Please Print)

Home Phone: (____) _____ Mother's Work #: (____) _____ Mother's Cell #: (____) _____

Home Phone: (____) _____ Father's Work #: (____) _____ Father's Cell #: (____) _____

Email Address 1. _____ 2. _____

Do you want your home phone number to be included in our emergency automated phone call system? YES NO

EMERGENCY CONTACT – OTHER THAN PARENT OR LEGAL/CUSTODIAL GUARDIAN

Contact Name: _____ Relationship to Student: _____
Friend, neighbor, other

Home Phone #: (____) _____ Work Phone #: (____) _____ Cell Phone #: (____) _____

Signature of Parent/Guardian: _____ Date Submitted _____

FOR DISTRICT TRANSPORTATION USE ONLY

Postmark Date: _____

Mileage: _____

Received By: _____

Request (circle one): **APPROVED** **DENIED**

Reason: _____

Signed: _____
Supervisor of Transportation

Superintendent of Schools (Only if Denied)