

# PINE PLAINS CENTRAL SCHOOL DISTRICT

## TRANSPORTATION DEPARTMENT

2022-2023 School Year

### Annual Request for Transportation to a Non-Public School

Note: To be eligible for transportation, children must be five (5) years of age on/or before December 1<sup>st</sup> of the school year in which transportation is provided. A copy of a birth certificate must be provided for Kindergarten students. Your child must also be registered with Pine Plains School District to receive district services, including transportation. Masks are to be worn on buses at all times. A transportation request must be submitted for each student prior to busing. Capacity restrictions on buses will impact seating assignments.

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 1<sup>st</sup> 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

<div style="border: 1px dashed black; width: 100%; height: 100%;"></div>	Postmark Date: _____
	Mileage: _____
	Received By: _____
	Request (circle one): APPROVED DENIED
	Reason: _____
Signed: _____	Supervisor of Transportation
	Superintendent of Schools (Only if Denied)

#### SUBMIT COMPLETED FORM TO:

Pine Plains Central School District  
Transportation Department  
2829 Church Street  
Pine Plains, NY 12567

Phone: (518) 398-3000 ext. 3115  
Fax: 518-398-1140  
E-mail: bus.routes@ppcsd.org

TRANSPORTATION **WILL NOT** BE PROVIDED ON DAYS WHEN **BOTH** PINE PLAINS SCHOOLS **AND** OFFICES ARE CLOSED. PLEASE CHECK OUR SCHOOL CALENDAR FOR CLARIFICATION.