

NORTH ROCKLAND CENTRAL SCHOOL DISTRICT

TRANSPORTATION OFFICE

65 Chapel Street, Garnerville, New York 10923 (845)942-3050 fax:(845)942-3041

REGISTRATION AND REQUEST FOR TRANSPORTATION TO A NON-PUBLIC SCHOOL

NEW YORK STATE EDUCATION LAW, SECTION 3635, MANDATES THAT A WRITTEN REQUEST BE FILED EACH YEAR, **NO LATER THAN APRIL 1st**, WHEN REQUESTING TRANSPORTATION TO A NON-PUBLIC SCHOOL FOR THE FOLLOWING SCHOOL YEAR.

SCHOOL TO WHICH STUDENT REQUESTS TRANSPORTATION MUST BE WITHIN 15 MILES OF THE STUDENT'S RESIDENCE.

NEW RESIDENTS: THIS FORM MUST BE RECEIVED WITHIN 30 DAYS OF ESTABLISHING RESIDENCY IN NORTH ROCKLAND.

PLEASE NOTE: STUDENT MUST BE 5 YEARS OF AGE **BEFORE DECEMBER 1st** OF THE CURRENT CALENDAR YEAR.

*****LATE FILING MAY RESULT IN DENIAL OF REQUEST*****

ID # _____

PLEASE NOTE: THIS FORM MUST BE COMPLETED FOR REGISTRATION PURPOSES..... EVEN IF YOU WON'T BE USING DISTRICT TRANSPORTATION FOR YOUR PRIVATE SCHOOL.

SCHOOL INFO:

DATE: _____ TRANSPORTATION IS REQUESTED FOR SCHOOL YEAR _____

GRADE IN SEPTEMBER: _____

NAME OF PRIVATE SCHOOL: _____

ADDRESS OF SCHOOL: _____

SCHOOL PHONE#: _____ SCHOOL PRESENTLY ATTENDING: _____

TIME SCHEDULE OF SCHOOL: START TIME: _____ ENDTIME: _____

STUDENT INFO:

STUDENT'S LAST NAME: _____ FIRST: _____ MI: _____

GRADE: _____ GENDER: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ADDRESS: _____ HOME PHONE#: _____
House # Street (Apt #) Town Zip

PLEASE ATTACH PROOF OF RESIDENCE (UTILITY BILL, SIGNED LEASE, ETC) AND A COPY OF BIRTH CERTIFICATE

(SEE NEXT PAGE FOR DETAILS)

PARENT/GUARDIAN #1 INFORMATION:

RELATIONSHIP TO CHILD: _____

LAST NAME: _____ FIRST: _____ MI: _____

HOME#: _____ BUSINESS#: _____ CELL#: _____

PARENT/GUARDIAN #2 INFORMATION:

RELATIONSHIP TO CHILD: _____

LAST NAME: _____ FIRST: _____ MI: _____

HOME#: _____ BUSINESS#: _____ CELL#: _____

QUESTION:

WHAT LANGUAGE(S) IS SPOKEN IN THE STUDENT'S HOME? ENGLISH _____ SPANISH _____ OTHER _____

DOES YOUR CHILD HAVE AN IEP? _____ YES _____ NO

*****PLEASE COMPLETE BOTH SIDES OF THIS FORM*****

STUDENT RACIAL AND ETHNIC IDENTIFICATION:

1. IS THE STUDENT HISPANIC, LATINO, OR OF SPANISH ORIGIN? Hispanic, Latino or of Spanish origin means... a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.

_____ **YES**..Hispanic _____ **NO**..not Hispanic

2. SELECT ONE OR MORE RACES FROM THE FOLLOWING FIVE RACIAL GROUPS:

(Please check all groups that apply to your child)

_____ American Indian or Alaskan Native _____ Native Hawaiian or other Pacific Islander
_____ Asian / Oriental _____ White
_____ Black or African American

SIBILINGS:

Name: _____ DOB: _____ Name: _____ DOB: _____
Name: _____ DOB: _____ Name: _____ DOB: _____
Name: _____ DOB: _____ Name: _____ DOB: _____

All the information provided in this form is true and accurate. I understand that it is my responsibility to notify the school and NRCSD Transportation Office should any information change.

SIGNATURE OF PARENT/GUARDAN: _____ DATE SIGNED: _____

PLEASE REMEMBER: ATTACH A COPY OF THE BIRTH CERTIFICATE, A VALID PROOF OF RESIDENCE AND A COPY OF PARENT PHOTO ID.

PROOF INCLUDES: CURRENT UTILITY BILL, SIGNED LEASE, SIGNED CLOSING OR HUD STATEMENT.

****WE CANNOT ACCEPT TERMINATION OR DISCONNECT NOTICES.**

FOR OFFICE USE ONLY

DATE REGISTERED: _____ REGISTRATION COMPLETED BY: _____

PROOF OF BIRTH: _____ PROOF OF RESIDENCE: _____

STUDENT ID #: _____

IF APPLICABLE:

DATE OF ENTRY INTO THE UNITED STATES: _____ IMMIGRANT INDICATOR: _____