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 APRIL1st, 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.

PLEASE NOTE: STUDENT MUST BE 5 YEARS OF AGE BE	EFORE DECEMBER 151 OF THE CORRENT CALENDAR TEAR.	
LATE FILING MAY RESULT IN DENIAL OF RE	QUEST (office use only) - ID#	
PLEASE NOTE: THIS FORM MUST BE COMPLETED FOR DISTRICT TRANSPORTATION FOR YOUR PRIVATE SCHOOL	REGISTRATION PURPOSES - <u>EVEN IF YOU WILL NOT BE USING</u>	
SCHOOL INFO:		
DATE:TRANSPORTA	TION IS REQUESTED FOR SCHOOL YEAR	
GRADE IN SEPTEMBER:		
NAME OF PRIVATE SCHOOL:		
ADDRESS OF SCHOOL:		
SCHOOL PHONE#:SCHOOL PR	RESENTLY ATTENDING:	
TIME SCHEDULE OF SCHOOL: START TIME:	END TIME:	
STUDENT INFO:		
STUDENT'S LAST NAME:	FIRST: MI:	
GRADE: GENDER: DATE OF BIRTH	I : PLACE OF BIRTH:	
ADDRESS:	HOME PHONE#:	
House # Street (Apt #) To		
	L, SIGNED LEASE, ETC) AND A COPY OF BIRTH CERTIFICATE	
,	T PAGE FOR DETAILS)	
PARENT/GUARDIAN #1 INFORMATION:		
RELATIONSHIP TO CHILD:		
	FIRST: MI:	
	CELL#:	
PARENT/GUARDIAN #2 INFORMATION:		
RELATIONSHIP TO CHILD:		
	FIRST:MI:	
HOME#:BUSINESS#:	CELL#:	
QUESTION:		
WHAT LANGUAGE(S) IS SPOKEN IN THE STUDENT'S HOM	ME? ENGLISH SPANISHOTHER	

NO

YES

DOES YOUR CHILD HAVE AN IEP?

STUDENT RACIAL AND ETHNIC IDENTIFICA			
1. IS THE STUDENT HISPANIC, LATINO, OR Cuban, Mexican, Puerto Rican, Central or Sout	•	•	
YESHispanic	_NOnot Hispanic		
2. SELECT ONE OR MORE RACES FROM THE	HE FOLLOWING FIVE RACIAL	GROUPS:	
(Please check all groups that apply to your chil	ld)		
American Indian or Alaskan NativeNative Hawaiian or other Pacific Islander			
Asian / OrientalWhite			
Black or African American	<u></u>		
SIBILINGS:			
Name:		Gender:	DOB:
I am stating that all the information provided			that it is my responsibility to
notify the school and NRCSD Transportation	n Office should any information	n change.	
SIGINATURE OF PARENT/GUARDAN:			DATE SIGNED:
PLEASE REMEMBER: ATTACH A COPY OF	F THE BIRTH CERTIFICATE OF	R PASSPORT, A VA	ALID PROOF OF RESIDENCE AND
A COPY OF PARENT PHOTO ID.			
PROOF INCLUDES <u>CURRENT</u> UTILITY BILL			STATEMENT.
**Please Note: WE CANNOT ACCEPT TERI	MINATION OR DISCONNECT N	OTICES.	
***OUR EMAIL ADDRESS	transportation@nort	throckland.org	I
FOR OFFICE USE ONLY			
DATE REGISTERED:	REGISTRATION COMPLET	ED BY:	
PROOF OF BIRTH:	PROOF OF RESIDENCE:		
STUDENT ID #:			
IF APPLICABLE:			
DATE OF ENTRY INTO THE UNITED STATES:	IMMIGRANT IN	IDICATOR:	

Please Note: Change of schools with transportation cannot be made after the April 1ST deadline for registration.