

# 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\*** (office use only) - **ID#** \_\_\_\_\_

**PLEASE NOTE:** THIS FORM MUST BE COMPLETED FOR REGISTRATION PURPOSES - EVEN IF YOU WILL NOT 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: \_\_\_\_\_ END TIME: \_\_\_\_\_

#### 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\*\*\***

