

NORTH ROCKLAND CENTRAL SCHOOL DISTRICT

TRANSPORTATION OFFICE

65 Chapel Street, Garnerville, New York 10923 (845)942-3050 fax:(845)646-4724

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

*******SEE NEXT PAGE FOR RESIDENCE REQUIREMENTS**

PARENT/GUARDIAN #1 INFORMATION:

RELATIONSHIP TO CHILD: _____

LAST NAME: _____ FIRST: _____ MI: _____

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

Parent Email: _____

PARENT/GUARDIAN #2 INFORMATION:

RELATIONSHIP TO CHILD: _____

LAST NAME: _____ FIRST: _____ MI: _____

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

Parent Email: _____

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*****

