

REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOL

In accordance with New York State Education Law and Schoharie Central School District Policy, School age children will be provided transportation to private/parochial schools within 15 miles of the child's home. Such transportation must be requested in writing, by April 1, preceding the school year which the transportation is needed, or within 30 days of moving into the school district. Parents MUST submit for transportation each year if their pupil is enrolled in private or parochial school. **MAXIMUM TIME THAT A PUPIL MAY SPEND ON A BUS:** "Education Law does not contain a maximum length of time that a pupil may spend riding on a school bus. There are many factors to consider that determine what is a reasonable riding time. The Commissioner of Education has held, in Judicial Decisions, that a trip of 1 1/2 hours, in particular situations, was not unreasonable." In accordance with State Law, the District is obligated to provide economical and efficient transportation, and therefore, will often transport to more than one school on a single trip. Please use separate form for separate schools. **PLEASE NOTE: ALL BLOCKS MUST BE FILLED OUT FOR THE REQUEST TO BE PROCESSED**

Name of Private School: _____							
Address: _____ <i>Street Address</i> <i>City</i> <i>Zip</i>							
School Telephone Number: () - _____							
LIST ALL CHILDREN ATTENDING THIS SCHOOL				Transportation Requested			
Last Name,	First Name	Gender	Grade	On Call			
				AM	PM	AM	PM
1)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I believe the request listed above complies with the 15-mile residence to school regulation

Full Name of Parent(s)/Guardian	Relationship To Student	Home Phone	Work Phone	Cell Phone
1)				
2)				
STUDENTS' RESIDENTIAL ADDRESS (Not Post Office Box)				
Street			City, Zip	
Resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other Receives Mail?				
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS				PARENT/GUARDIAN EMAIL

Additional Comments:

Allergies or Medical Conditions:

I certify that the information provided above is accurate and complete:

Parent/Guardian Signature

Date