



Guilderland Central School District

Transportation Department
PO Box 382, School Road ❖ Guilderland Center, NY 12085

| OFFICE USE ONLY | |
|-----------------|--|
| STUDENT ID | |
| FAMILY # | |
| RECEIVED DATE | |

Residents of the Guilderland School District who are eligible for transportation to non-public schools under the 15-mile limit are required to file an application each year for such transportation in accordance with Chapter 363 of the New York State Laws of 1960.

Complete and return this form only if you wish to request transportation to a private school(s) for your children.

For transportation start date of Sept 09, this form must be received by APRIL 1st, 2009.

REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS

IMPORTANT NOTE: If children will need transportation to more than 1 private school, a separate form should be used for each school.

| Name of Private School: _____ | | | | | | | | | | |
|---|---|---------|--------|--------------------------|------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Address: _____ | | | | | | | | | | |
| <i>Street Address</i> | <i>City</i> <i>Zip</i> | | | | | | | | | |
| LIST ALL CHILDREN ATTENDING THIS SCHOOL | | | | TRANSPORTATION REQUESTED | | | | | | |
| Last, | First, | Middle, | Suffix | GENDER | BIRTH DATE | GRADE AS OF SEP-09 | AM | PM | ON CALL AM | ON CALL 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.

| OTHER SIBLINGS IN THIS HOUSEHOLD <i>(Include those who have not yet reached school age.)</i> | GENDER | BIRTH DATE |
|---|--------|------------|
| 4) | | |
| 5) | | |
| 6) | | |

| FULL NAME OF PARENTS \ GUARDIANS | RELATIONSHIP TO STUDENT | HOME PHONE | WORK PHONE | CELL PHONE |
|----------------------------------|-------------------------|------------|------------|------------|
| 1) | | | | |
| 2) | | | | |

| STUDENTS' RESIDENTIAL ADDRESS <i>(Not Post Office Box)</i> | | | |
|--|---------------------------------------|---------------------------------|---|
| Street | | | City, State Zip |
| Resides With: | <input type="checkbox"/> Both Parents | <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| | <input type="checkbox"/> Other _____ | | Receives Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|---|
| MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS |
| |

Additional Comments:

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

Parent\Guardian Signature

Date

trpriv. v2, nov 08