

Guilderland Central School District

www.guilderlandschools.org

Transportation Department

9 Dutchmen Lane, PO Box 382, Guilderland Center, NY 12085 (518) 861-6434 FAX (518) 861-7073

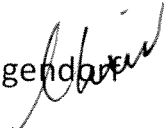
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February 1, 2012

TO: Private & Parochial Schools

FROM: Christine Sagendorf 

SUBJECT: 2012/2013 Transportation Requests Form

Attached are the 2012/2013 transportation request forms for the Guilderland Central School District. Please copy and distribute to all of the Guilderland Central School District students requiring transportation to a private and parochial school for the 2012/2013 school year. The form can also be found on the Guilderland School District website at guilderlandschools.org in the forms button.

Transportation request forms must be returned to this office by April 1, 2012, any request received after this date could be denied. The address is as follows:

Guilderland Central School District
Transportation Department
P.O. Box 382
Guilderland Center, NY 12085

If there are any questions, please contact this office directly at 518-861-6434.

Thank you.



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 2012 this form must be received by APRIL 1st, 2012.

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			
<i>Last,</i>	<i>First,</i>	<i>Middle,</i>	<i>Suffix</i>	GENDER	BIRTH DATE	GRADE AS OF SEP-2012	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 11