

REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS



**Board of Education
Amityville Union Free School District
Transportation Office - 150 Park Avenue
Amityville, New York 11701
(631) 565-6021**

Transportation is requested for school year _____ to _____

NAME OF SCHOOL _____

Address of School _____

GRADE in September _____

NAME OF CHILD _____
LAST FIRST

AGE _____ BIRTH DATE _____ MALE FEMALE

Address of Child _____
No. Street Town Zip

Nearest Cross Street _____

Mother's Name _____ Father's Name _____

Phone No. _____ Phone No. _____
Residence Residence

Phone No. _____ Phone No. _____
Business Business

Parent's Signature _____

Date _____

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All students who require District provided transportation MUST be registered with the Pupil Personnel Office at the Amityville Union Free School District.

THIS FORM MUST BE RECEIVED BY THE AMITYVILLE SCHOOL TRANSPORTATION OFFICE BY APRIL 1.

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PLEASE NOTE: If you are unsure as to which private/parochial school your child may be attending, you must file an application for each school being considered no later than April 1. Please notify us accordingly when a decision is reached as to the school of attendance. If you have ANY questions, please contact the Transportation Office at the above address or telephone number.

Complete this form. Application may be mailed or hand delivered to the above address. When mailing, it is suggested to send the application certified mail with return receipt.

PLEASE NOTE: NEW YORK STATE EDUCATION LAW - SECTION 3635, Sub-division 2

A parent or guardian of a child residing in any school district, or any representative authorized by such parent or guardian, who desires for a child during the next school year any transportation authorized or directed by this chapter shall submit a written request therefor to the school trustees or board of education of such district not later than the first day of April preceding the next school year, provided, however, that a parent or guardian of a child not residing in the district on such date shall submit a written request within thirty days after establishing residence.

CHILD FIND: If you believe that your child has a disability which affects his/her educational performance, you are urged to contact the Administrator for Pupil Personnel Services and Special Education, at 631-565-6553

MAIL TO ABOVE ADDRESS WITH COPY #2 AND #3

1st COPY TRANSPORTATION 2nd COPY SCHOOL RECORD 3rd COPY PARENT