

ID# _____
For Office Use Only

Please complete an individual request for each child.

NON-PUBLIC SCHOOL TRANSPORTATION REQUEST FORM

Pine Bush Central School District - Board of Education
P.O. Box 700
Pine Bush, N.Y. 12566

To Whom It May Concern:

According to the laws of the State of New York, I hereby formally request transportation to the following non-public school during the **2015/2016** school year: **(Please print clearly)**

Name of School: _____

Name of Student: _____

Physical Address of Student: _____

Mailing Address (if different): _____

Home Telephone: _____ Work and/or Cell Phone: _____

Date of Birth: _____ Age: _____ Grade Level in **2015/2016**: _____

Alternate Bus Stop/Emergency Contact (**Please circle one**): Be advised, all alternate bus stops must be located within the Pine Bush Central School District, if not, they cannot be authorized.

Name: _____ Address: _____ Phone: _____

Schedule: M T W Th F AM PM Both (Please circle appropriate days and time)

One form must be completed for each student and for each year transportation is needed.

Date: _____ Signature of Parent/Guardian _____

Note: This request must be received by the Pine Bush Central School District no later than April 1st for the coming school year, if not, transportation could be denied. Residency verification is required prior to approval of this request.

Please mail or deliver to:

Pine Bush Central School District, P.O. Box 700, Pine Bush, N.Y. 12566, Fax# 845-744-6189, or Email tzito@pinebushschools.org. If you have any questions or **any information should change at any time, throughout the school year**, please call 845-744-4029.