

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 2016 this form must be received by APRIL 1st, 2016.

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 P	rivate School:											
Address:	Address: Street Address			City				Zip				
Transportation Requested												
LIST ALL C	HILDREN ATTEN First,	NDING THIS S Middle,	Suffix	GENDER	BIRTH DATE	_	GRADE s of Sep-2016		PM	ON CALL AM	ON CALL PM	
1)												
2)												
3)												
I believe the request listed above complies with the 15-mile residence-to-school regulation.												
OTHER SIBLINGS IN THIS HOUSEHOLD (Include those who have not yet reached school age.)								GENDER BIRTH DATE				
4)												
5)												
6)	6)											
FULL NAME OF PARENTS \ GUARDIANS				RELATIONSHIP TO STUDENT			Wor	Work Phone			CELL PHONE	
1)												
2)												
STUDENTS?	RESIDENTIAL A	ADDDESS /M	ot Post Office	n Payl								
Street	RESIDENTIAL F	ADDRESS (IV	ot Fost Office	<i>B D0X)</i>			City, Sta	te Zip				
Resides Dath Book Dath Dath Dath							Receiv	Receives Mail?			Yes No	
Mail?												
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS								PARENT/GUARDIAN'S EMAIL				
Additional Comments:												
I certify that the information provided above is accurate and complete:												
Parent\Guardian Signature Date trpriv. v2, 12/20										/2, 12/2015		