



## Form For 2024-2025 School Year: SUBMISSION DEADLINE 04/01/2024

# TRANSPORTATION FOR NON-PUBLIC SCHOOLS

### 1. INFORMATION

Parents in the district requiring transportation for their children to private or parochial schools must return this form to the district by April 1. The District will publish the April 1 date in its school calendar or local newspaper as a reminder to parents of this deadline. Late requests will not be denied where a reasonable explanation is provided for the delay. Such transportation shall be provided for a distance of no more than fifteen (15) miles.

**TRANSPORTATION TO NONPUBLIC SCHOOLS ON HOLIDAYS**  
The District will share its calendar and start and dismissal times with nonpublic schools before the start of the school year. The District is not required to provide transportation to nonpublic schools on days on which the District's schools are not in session.

**TRANSPORTATION FOR NONPUBLIC SCHOOL STUDENTS WITH DISABILITIES WHO ARE PARENTALLY PLACED**  
For students with disabilities, ages 5 through 21, who are parentally placed in non-public schools outside their district of residency, if special education services are to be provided to a student at a site other than the non-public school, the school district of location is responsible for providing the special education services, including, as applicable, arranging and providing transportation necessary for the student to receive special education services. Transportation of students with disabilities in the District who are parentally placed may not exceed 50 miles one way from the student's home to the appropriate special service or program.  
If you have any questions, please contact the Transportation office at 914.761.6000 Ext. 3140 or the Registrar's office at 914.761.6000 Ext. 3120.

### 2. STUDENT INFORMATION (ONE FORM PER CHILD)

Full Name				<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Home Address	Date of Birth	Grade Entering	Home Telephone	
	Requesting for school year 20__ - 20__			
School Name and Address	School Hours		Telephone	
	Email/Fax			

### 3. PARENT/LEGAL GUARDIAN INFORMATION

Full Name		Full Name	
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:		Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	
Home Address (If you do not reside with student please complete). <input type="checkbox"/> Same as student		Home Address (If you do not reside with student please complete). <input type="checkbox"/> Same as student	
	Priority 1 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	( )	
	Priority 2 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	( )	
	Priority 3 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	( )	
Email:		Email:	

### 4. EMERGENCY CONTACTS

Contact Name		Relationship to child:		
Address	Mobile Telephone	Home Telephone	Work Telephone	
Parent/Legal Guardian Signature			Date	