NEWFIELD CENTRAL SCHOOL DISTRICT
REQUEST FOR SPECIAL TRANSPORTATION
TO A NON-PUBLIC OR CHARTER SCHOOL

We hereby request transportation for our child/children for the ___20___-_____school year to:

_____
(Name of School)   (Full Address of School)

_____
(City)   (Administrator)

_____
(Phone Number)   (Email Address)

CHILD/CHILDREN TO BE TRANSPORTED - INFORMATION:

Name of Child   **Birthdate**   **Grade in School**

_____

_____

_____

_____

_____

_____

School day begins at: _____ AM and ends at: _____ PM

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____Work Phone: _____ Email: _____

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____Work Phone: _____ Email: _____

Legal Residence: _____ City/Zip: _____

Mailing Address: _____ City/Zip: _____

County: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Home Phone:_____

Work Phone: _____ Cell Phone: _____

Address: _____ City/Zip: _____

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address: _____ City/Zip: _____

DETAILED DIRECTION TO YOUR HOME: Example – (1001 Rabbit Run) Rte 96, Right onto Rabbit Run Rd., 3rd house on the Right. White house w/ blue shutters and red front door

_____

_____

_____

_____

NOTE: The law mandates that the Legal Residence of your children must be within 15 miles of the Private School by the shortest public highways which can be traveled. Best mileage by your calculations to the Private School: _____

Have your children been previously approved for transportation to Private School? _____

Has transportation been denied for your children in a previous year? _____
Reason:

_____

IF YOU ARE NEW TO THE NEWFIELD CENTRAL SCHOOL DISTRICT, PLEASE PROVIDE THE FOLLOWING :

❑Two Proofs of Residency

  ❑Electric bill

  ❑Phone bill

  ❑Lease

   Other _____

<mark>This request MUST be completed (incomplete forms may be returned to sender) and received at the District Office of the Newfield Central School District by April 1st for the following school year OR within two weeks of moving into the District. Late requests **may** be considered IF THERE IS NO ADDITIONAL COST TO THE DISTRICT.</mark>

_____ _____

(Signature of Parent)   (Date)

FOR OFFICE USE ONLY:

DATE RECD: _____TIMELY? _____ IF NO, ROOM ON EXISTING BUS? _____ APPROVED BY BOE? _____