

Iroquois Central School District Transportation Department
2111 Girdle Rd.
P.O. Box 32
Elma, New York 14059
(716)652-5130 Telephone (716)995-2329 FAX

NON-PUBLIC SCHOOL TRANSPORTATION REQUEST

New York State Education Law requires that a written request be submitted each year to the Board of Education by the parent or legal guardian of an eligible pupil attending a non-public school for which transportation is desired. This request is to be sent to the transportation department **no later than April 1st** preceding the beginning of the next school year. If families move into the district later than April 1st, the request must be made within thirty days after establishing residency in the district.

- [] New Application - 2 proofs of residency must accompany new applications: lease, utility bills, etc.
- [] Transportation Renewal – for students previously receiving transportation from Iroquois

STUDENT INFORMATION - Requests for Kindergarteners must be accompanied by copy of birth certificate

School Student will be attending: _____ Grade _____
School Address: _____ School's phone _____
Student's Name: _____ Date of Birth: _____
Home Address: _____
No. Street (Apt. No.) Town Zip

Student Resides with () Both Parents () Mother () Father () Other: _____

Mandatory: If student resides between two households, please include a copy of your legal Custodial document

Home Phone # _____ Emergency Phone: Name: _____ Phone No. _____

Transportation is requested for: ___ Morning ___ Afternoon ___ Both

FAMILY INFORMATION - Siblings attending the same school may be listed:

Name	Date of birth	Grade	Name	Date of birth	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Parent/Guardian Names: Mother _____ Father _____

Signature of Parent/Guardian: _____

If this is a late request, please state reason: _____

Please note: If children attend different schools, a form must be completed for each school attended
Completed forms should be mailed to above address or faxed to (716)995-2329

Transportation Department Use:

Date Received: _____ By: _____

Approved: ___ Declined: ___ Reason: _____

Proofs of residency required? ___ Y ___ N Received? ___ Y ___ N

Entry date: _____ Letter sent date: _____ Bus info: _____