

Iroquois Central School District Transportation Department
2111 Girdle Rd.; P.O. Box 32
Elma, NY 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. **Only one form is required for children attending the same non-public school.** 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 certif.

School Student will be attending: _____ Grade: _____
School Address: _____ School's phone: _____
Student Name: _____ Date of Birth: _____
Home Address: _____
(No.) (Street) (Apt. No.) (Town) (Zip)
Home Phone: _____ Emergency Name/Phone: _____
Email Address of Parent: _____
Transportation is requested for: _____ Morning _____ Afternoon _____ Both

FAMILY INFORMATION: Siblings attending the same school.

Name	Date of Birth	Grade	Name	Date of Birth	Grade

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

Student resides with () Both Parents () Mother () Father () Other: _____
Parent/Guardian Names – Mother: _____ Father: _____
Parent Signature: _____

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

Completed forms should be mailed to above address or faxed to (716) 995-2329

Transportation Department Use:

Date Received: _____ **Received by:** _____
Approved: _____ **Declined:** _____ **Reason:** _____
Proofs of residency required: _____ **Yes** _____ **No** **Received POR:** _____ **Yes** _____ **No**