



**BEACON CITY SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT**

**APPLICATION FOR PRIVATE/PAROCHIAL TRANSPORTATION**

Requests for Transportation must be submitted before **APRIL 1<sup>st</sup>**  
in accordance with Section 3635 of the Education Law for transportation for the following school year

**I HEREBY REQUEST TRANSPORTATION FOR MY CHILD FOR THE SCHOOL YEAR 2018/2019**

**Name of Pupil:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
(or actual location of residence/closest intersection, **\*\* NO POST OFFICE BOX NUMBERS**)

**Mailing Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
(if different than Street Address)

**Telephone Number (Home):** \_\_\_\_\_ **(Emergency):** \_\_\_\_\_

**School Attended Previous School Year:** \_\_\_\_\_

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**Name of PRIVATE/PAROCHIAL School to which transportation is requested:**

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

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*For children entering **KINDERGARTEN**, a registration packet must be completed. Child must be **FIVE (5) years of age by December 1<sup>ST</sup>** in order to enter Kindergarten.*

\_\_\_\_\_

**Date**

\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN**

**Please look for your child's transportation information to arrive in the mail mid August.**

**PLEASE RETURN COMPLETED FORM BEFORE APRIL 1<sup>ST</sup> TO**

**Registrar's Office  
Beacon City School District  
10 Education Drive  
Beacon, New York 12508-4066**

***NOTE: Board Policy states students **MUST** live **OUTSIDE** of 1.5 MILES in order to be eligible for transportation.***

**\*\*\* PLEASE USE A SEPARATE BLUE FORM FOR EACH CHILD \*\*\***