



**BEACON CITY SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

APPLICATION FOR PRIVATE/PAROCHIAL TRANSPORTATION

Requests for Transportation must be submitted before **APRIL 1st**
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 2019/2020

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: _____

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

School: _____ **Grade:** _____

Address: _____ **City/State/Zip:** _____

Telephone Number _____ **Fax Number** _____

*For children entering **KINDERGARTEN**, a registration packet must be completed. Child must be **FIVE (5) years of age by December 1ST** 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 1ST 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 *****