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CITY SCHOOL DISTRICT OF NEW ROCHELLE

Office of Transportation
515 North Avenue
New Rochelle, New York 10801

2018-2019 APPLICATION FOR PUPIL TRANSPORTATION TO NON-PUBLIC SCHOOLS

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transportation to and from an approved bus stop is provided for pupils in Grades K-5 whose residence is 1.5 miles or greater, but not more than 10 miles from the school the child attends. Bus stops will be clustered, located at central locations, including various public schools and facilities. Applications are due April 1, 2018 and must be filed annually. All applications filed after April 1 will not be approved FOR ANY REASON if the school district incurs additional expense to transport. Residents must submit a new application if (1) they change their address within New Rochelle, or (2) the student's school is changed after the April 1st deadline. New residents have 30 days to apply. Use a separate application form for each child. A kindergarten child must be five years of age as of December 31st of the school year in which transportation is provided. Childcare or Religious Instruction transportation is not provided for schools located outside of the City of New Rochelle.

PROOF OF RESIDENCY: A minimum of two proofs is required and must be submitted annually.

(dated within the last two months) must be presented in the parent/guardian's name:

- 1) utility bill, 2) bank statement, 3) charge account bill, 4) cancelled rent check.

PROOF OF AGE: (only birth certificate or passport acceptable) must be submitted with all new transportation applications.

TRANSPORTATION INFORMATION: Notification will be mailed in August for approved applicants

\*\*Note: Please print required information in all the blank spaces below. Omissions may delay processing.

TRANSPORTATION REQUEST (circle one): AM ONLY PM ONLY BOTH

STUDENT INFORMATION

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade (SEPT 2018): K 01 02 03 04 05

SCHOOL INFORMATION

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of School: \_\_\_\_\_

Name of Principal: \_\_\_\_\_ Session Hours: AM \_\_\_\_\_ PM \_\_\_\_\_ Early dismissal: \_\_\_\_\_

PARENT/LEGAL GUARDIAN INFORMATION

Title: (circle one) Dr. Mr. Mrs. Ms. Mr. & Mrs.

Parent/Guardian \_\_\_\_\_

Signature (Mother, Father, or Guardian) \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature (Mother, Father, or Guardian) \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Emergency Contact (other than parent or legal/custodial guardian)

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_