

BETHLEHEM CENTRAL SCHOOL DISTRICT

NON-PUBLIC OR CHARTER SCHOOL TRANSPORTATION REQUEST FORM

ONE FORM PER STUDENT

STUDENT NAME	DATE OF BIRTH
NAME OF NON-PUBLIC OR CHARTER SCHOOL	
SCHOOL YEAR: 20 20 GRADE IN SEPTEMBER	DATE OF RESIDENCY
Please indicate your child's general bus transportation needs	:
MORNING (TO SCHOOL) - Check only one box	
YES, my child WILL need transportation from the bus sto YES, my child WILL only need transportation from the transportation in the a.m.	•
AFTERNOON (FROM SCHOOL) - Check only one box	
YES, my child WILL need transportation in the p.m. YES, my child WILL only need transportation from school NO, my child WILL NOT need transportation in the p.m.	to the transfer location at either BCHS or BCMS.

ADDITIONAL INFORMATION REGARDING STUDENT TRANSPORTATION

In accordance with New York State Education Law and Bethlehem Central School District Policy, school age children will be provided transportation to the non-public or charter schools within 15 miles of the child's home. Such transportation must be requested in writing, by April 1, preceding the school year which the transportation is needed, or within 30 days of moving into the Bethlehem Central School District (BCSD). Families MUST submit for transportation each year thereafter if their child is enrolled in a non-public or charter school and desires transportation.

New children to the district MUST contact the BCSD Registrar by email at mhaas@bethlehemschools.org or by phone at (518) 439-2442 to enroll their child in the district. Transportation CAN NOT start until the student is enrolled in the district.

Existing BCSD students transferring to a non-public or charter school MUST contact the last BCSD school of attendance to withdraw. School contact information can be found at www.bethlehemschools.org. Transportation CAN NOT start to the new school until the student is withdrawn from the last BCSD school of attendance. Please ensure home address and contact information is correct in ASPEN before withdrawing student.

To submit this form or request a transportation change for your child, please email the BCSD Student Transportation Department at transportation@bethlehemschools.org. Forms may also be faxed to (518) 439-7885. Please allow a minimum of two (2) business days for processing after receipt.

PARENT/G SIGNATUR				DATE		
OFFICE USE ONLY	STUDENT FOUND IN ASPEN	YES	NO	APPROVED	YES	NO
	SCHOOL BEDS CODE VERIFIED	YES	NO	ENTERED/VERIFIED IN VERSATRANS	YES	NO
REASON, IF NO	OT APPROVED					