REASON, IF NOT APPROVED _



BETHLEHEM CENTRAL SCHOOL DISTRICT

NON-PUBLIC OR CHARTER SCHOOL TRANSPORTATION REQUEST FORM

	ONE FORM PI	ER STUDENT	
STUDENT NAME		DATE OF BIRTH	
NAME O	F NON-PUBLIC OR CHARTER SCHOOL		
SCHOOL'	YEAR: 2020 GRADE IN SEPTEMBER	DATE OF RESIDENCY	
Please in	ndicate your child's general bus transportation ne	eds:	
MORNIN	NG (TO SCHOOL) - Check only one box		
YES,	my child WILL need transportation from the bus my child WILL only need transportation from the nychild WILLNOT need transportation in the a.m.	•	IS to school.
AFTERNO	OON (FROM SCHOOL) - Check only one box		
YES,	my child WILL need transportation in the p.m. my child WILL only need transportation from sch my child WILL NOT need transportation in the p.r		her BCHS or BCMS.
ADDI	TIONAL INFORMATION REGARDI	NG STUDENT TRANSP	ORTATION
be pr must of m	cordance with New York State Education Law and Bethle rovided transportation to the non-public or charter schoot be requested in writing, by April 1, preceding the schoot boving into the Bethlehem Central School District (BC eafter if their child is enrolled in a non-public or charter	ols within 15 miles of the child's home I year which the transportation is need SD). Families MUST submit for trans	e. Such transportation ded, or within 30 days
	or children to the district MUST contact the BCSD Registrar by email at mhaas@bethlehemschools.org or by phone at 3 439-2442 to enroll their child in the district. Transportation CAN NOT start until the student is enrolled in the district.		
witho new	ing BCSD students transferring to a non-public or charted draw. School contact information can be found at www. school until the student is withdrawn from the last BC act information is correct in ASPEN before withdrawing states.	bethlehemschools.org. Transportation SD school of attendance. Please ensu	n CAN NOT start to the
Depa	ubmit this form or request a transportation change for artment at transportation@bethlehemschools.org . For mum of two (2) business days for processing after receign	ms may also be faxed to (518) 439	•
PARENT/O	Guardian Re	DATE	
FFICE	STUDENT FOUND IN ASPEN YES NO	APPROVED	YES NO
ISE ONLY	SCHOOL BEDS CODE VERIFIED YES NO	ENTERED/VERIFIED IN VERSATRANS	YES NO