

FOR SCHOOL YEAR: _____

**MAIL OR FAX FORM TO:
(PRIOR TO APRIL 1st.)**



**BETHLEHEM CENTRAL SCHOOL DISTRICT
TRANSPORTATION CENTER
82 VAN DYKE ROAD
DELMAR, NEW YORK 12054
FAX #: 518-439-7885**



PRIVATE/PAROCHIAL SCHOOL TRANSPORTATION REQUEST

In accordance with New York State Education Law and Bethlehem Central School District Policy, School age children will be provided transportation to private/parochial schools within 16 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 school district. Parents MUST submit for transportation each year if their pupil is enrolled in private or parochial school. **Request for transportation for KINDERGARTEN students must be accompanied with a copy of the students BIRTH CERTIFICATE.***

MAXIMUM TIME THAT A PUPIL MAY SPEND ON A BUS: "Education Law does not contain a maximum length of time that a pupil may spend riding on a school bus. There are many factors to consider that determine what is a reasonable riding time. The Commissioner of Education has held, in Judicial Decisions, that a trip of **1 1/2 hours**, in particular situations, was **not unreasonable.**" In accordance with State Law, the District is obligated to provide economical and efficient transportation, and therefore, will often transport to more than one school on a single trip. **Please use separate form for separate schools.**

PLEASE NOTE: ALL BLOCKS MUST BE FILLED OUT FOR THE REQUEST TO BE PROCESSED

Date: _____ **Home Address:** _____
Home Phone: _____ Business Phone: _____ Cell: _____
Emergency Contact Name and Phone: _____

Child's First/Last Name: _____ Date of Birth _____
School Name and Address: _____
School Hours: _____ Grade attending in September: _____

Child's First/Last Name: _____ Date of Birth: _____
School Name and Address: _____
School Hours: _____ Grade attending in September: _____

I hereby certify that I am a resident of the Bethlehem Central School District and it is my intention that all the students named above will be enrolled at the school(s) for the school year beginning July 1, ____
Furthermore, I have been a resident of the school district since:

Date of Residency: _____
Month Day Year

Signature of parent/Guardian: _____ Date: _____

Please indicate if there are any special health needs that are required to safely transport your child or in the case of an emergency. _____