

# BYRAM HILLS CENTRAL SCHOOL DISTRICT

## 2017-2018 SCHOOL YEAR

### ANNUAL REQUEST FOR TRANSPORTATION TO A NON-PUBLIC SCHOOL

New York State Education Law requires that a written request for transportation to a non-public school to be filed each year before April 1<sup>st</sup> to be eligible for transportation the following year.

**Note: To be eligible for transportation children must be five (5) years of age on/or before December 1<sup>st</sup> of the school year in which transportation is provided. A copy of a birth certificate must be provided for Kindergarten students.**

Name of School Requested	Start Time	Dismissal
Street Address	Early Dismissal	Day
City	State	Zip
Phone		
TRANSPORTATION REQUEST (circle one):	AM ONLY	PM ONLY
		BOTH

### STUDENT INFORMATION

Last Name	First	M	Date of Birth	M	F
Street Address			Grade Student Entering		
City	State	Zip			

Exact mileage from your driveway to driveway of the school \_\_\_\_\_  
Please indicate **exact** route used to obtain mileage \_\_\_\_\_

**Please Note:** It is your responsibility to provide accurate information so that the district can schedule routes and determine budgetary needs. Mileages of 15 and under and filing before April 1<sup>st</sup> determines eligibility. Once a route has been established based on eligibility, late applicants will be added to existing stops. Any address change from the previous year or new applicants may require proof of residency. All routes are subject to changes for safety and efficiency throughout the year.

Parent/Guardian Names: Mother \_\_\_\_\_ Father \_\_\_\_\_  
(Please Print)

Signature of Parent/Guardian: \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Mother/Father/Other

Home Phone ( ) \_\_\_\_\_ Mother's Work # ( ) \_\_\_\_\_ Mother's Cell # ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Father's Work # ( ) \_\_\_\_\_ Father's Cell # ( ) \_\_\_\_\_

**Email Address** 1. \_\_\_\_\_ 2. \_\_\_\_\_

Do you want your home phone number to be included in our emergency automated phone call system? ☐ Yes ☐ No

### EMERGENCY CONTACT – OTHER THAN PARENT OR LEGAL/CUSTODIAL GUARDIAN

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Friend, neighbor, other

Home Phone ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

MAIL COMPLETED FORM TO:

Byram Hills Central School District  
Transportation Department  
9 MacDonald Avenue  
Armonk, New York 10504

Office: 914-273-4245 Fax: 914-273-4247

TRANSPORTATION WILL NOT BE PROVIDED ON DAYS WHEN **BOTH** BYRAM HILLS SCHOOLS **AND** OFFICES ARE CLOSED. PLEASE CHECK OUR SCHOOL CALENDAR FOR CLARIFICATION.