

ROSLYN UNION FREE SCHOOL DISTRICT  
TRANSPORTATION REQUEST FORM NON-PUBLIC SCHOOLS  
2010-2011

\*\*\*THIS APPLICATION MUST BE COMPLETED AND PROVIDE ALL THE PROOF NEEDED EVEN IF YOUR CHILD IS CURRENTLY RECEIVING TRANSPORTATION. IF YOU OWN THE HOUSE, YOU WILL NEED A MORTGAGE BILL AND A UTILITY BILL. IF YOU RENT, YOU WILL NEED A RENTAL AGREEMENT NOTARIZED FOR YOU AND THE LANDLORD AND A UTILITY BILL .\*\*\*

All residents of the Roslyn School District requesting transportation to non-public schools for their children **MUST** submit this application **ON OR BEFORE APRIL 01, 2010**, in order to be eligible for the **2010- 2011** school year. Proof of residency in the Roslyn School District **MUST** be submitted for **ALL APPLICATIONS** and also, a copy of a birth certificate **MUST** be submitted for all kindergarten students. Maximum distance a child can be transported is 15 miles.

**INSTRUCTIONS:** Please answer all questions on this transportation request form and return it in an envelope to the Roslyn Public Schools, P.O. Box 367, Roslyn, New York 11576, Attention: **Transportation Office, before APRIL 1, 2010.**

We strongly recommend that, if you are filing after **March 1, 2010** you either **hand deliver** the form or send it by **certified mail. WE WILL NOT BE ACCEPTING FAXES.** Please submit **ONE FORM PER STUDENT** requiring transportation including those for whom you have made school applications but have not yet received acceptance. A confirmation letter will be sent out to acknowledge receipt of transportation request application.

I acknowledge that I have read the aforementioned statements on this form and understand the District Policy regarding transportation to a non-public school. I hereby request transportation for my child under the applicable New York State Law.

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

**TRANSPORTATION REQUEST FORM 2010-2011 (PLEASE PRINT)**

Student Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. Home \_\_\_\_\_ Telephone No. \_\_\_\_\_

Telephone No. Cell \_\_\_\_\_ Telephone No. \_\_\_\_\_

Boy \_\_\_ Girl \_\_\_ Date of Birth \_\_\_\_\_ School Hours \_\_\_\_\_

\_\_\_\_\_ School Starting Date \_\_\_\_\_

Parent/Guardian Name (PRINT)

Grade in September \_\_\_\_\_

Last School Attended \_\_\_\_\_

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

Emergency Contact Person

Emergency Telephone Number

Additional Information and/or Comments \_\_\_\_\_

**Note:** The parent/guardian is responsible to notify the Roslyn School District of change of address and/or phone number and when transportation is no longer required.