



**OFFICE OF STUDENT TRANSPORTATION SERVICES**

**ADDRESS:** 1790 Latta Rd., Bldg C, Rochester, NY 14612

**MAILING ADDRESS:** P.O. Box 300, N. Greece, NY 14515-0300

**TELEPHONE:** 585.966.2550 **FAX:** 585.581.8189

**WEB ADDRESS:** [www.greececsd.org](http://www.greececsd.org)

**EMAIL:** [Greece.Transportation@greececsd.org](mailto:Greece.Transportation@greececsd.org)

**School Year**

20\_\_\_/20\_\_\_

# Transportation Application

for Private/Parochial and Charter Schools

**School Name:** \_\_\_\_\_ (one school per application)

**Student(s) Information:**

First and Last Name	Birth Date	Grade Level*	Student ID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Grade level should reflect school year above

Does student have a serious or life threatening condition that might require support, assistance or intervention from the bus driver or attendant: Yes \_\_\_ No \_\_\_. Please fax the medical documentation for appropriate review to student services at 585-581-8205.

**Parent/Guardian Information:**

_____	_____
First and Last Name	Home Telephone Number
_____	_____
Street Address and Zip Code	Alternate Telephone Number

**New Greece Resident:**  Yes  No **Date of Established Address:** \_\_\_\_\_

Parent/Guardian must go to home school to provide proof of residency/address verification for new to Greece residents as well as for change of address within the district. A new Transportation Application must be completed for address changes within the district. If you are unsure of your home school, please contact the Office of Student Information Services at 966.2314 to obtain that information.

_____	_____
<i>Greece School Representative Signature</i>	<i>Date</i>

Section 3636(2) of the Education Law requires that a parent submit a written request for transportation to a nonpublic school no later than April 1<sup>st</sup> of each year. In addition, a parent/legal guardian of a pupil not residing in the school district on April 1<sup>st</sup> shall submit a written request within thirty days after establishing residence in the District. My signature certifies that I am the parent/legal guardian of the above student(s) and authorized to request transportation to the school noted above. I verify that the student(s) resides with me at the address indicated.

_____	_____
<i>Parent/Guardian Signature</i>	<i>Date</i>

**School Verification:** I verify that the above listed student(s) is/are enrolled at the nonpublic school for the school year 2018/2019.

_____	_____
<i>Patricia Selig</i>	2/15/18
<i>Private/Parochial/Charter Principal's Signature</i>	<i>Date</i>