

DEADLINE TO SUBMIT FORM IS APRIL 1, 2018

If your child is *not* registered with Brighton CSD, please contact the Central Registrar, at 242-5200 x7533. Bussing cannot be provided until student is registered in the district.

			Residency Date:		
School Name (Print):			Grade Entering :		
Address:			City:		Zip:
Student Name(Print):				Age as of 12/1/2018:	
Address:		City:		Zip:	
Parent/Guardian (Print):		Email:			
Home Phone: Cell Phone:		Work Phone:			
NO PICK UP NEEDED (PLEASE CHECK DAYS) M Tu W Th F		NO DROP OFF NEEDED (PLEASE CHECK DAYS) M 🗌 Tu 🗌 W 🗌 Th 🗌 F 🗌			
Tra	-	l automatically b ernative address		-	address unless
MON AM	Provider/Name:		MON	Provider/Name:	
	Address:		- PM	Address:	
	Phone:			Phone:	
TUES AM	Provider/Name:		TUES	Provider/Name:	
	Address:		PM	Address:	
	Phone:			Phone:	
WED AM	Provider/Name:		WED	Provider/Name:	
	Address:		PM	Address:	
	Phone:		FIVI	Phone:	
THURS AM	Provider/Name:		THURC	Provider/Name:	
	Address:		- THURS - PM	Address:	
	Phone:			Phone:	
FRI AM	Provider/Name:		501	Provider/Name:	
	Address:		FRI PM	Address:	
	Phone:			Phone:	

Section 3635(2) NYSED law requires a written request for transportation to a non-public school be made no later than **April 1**st of each year. Requests made after this date will be subject to review for eligibility and **may be denied**. In addition, a parent/legal guardian of a pupil not residing in the school district on April 1st 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 and authorized to request transportation to the school noted above. I verify that the student resides with me at the address indicated.

Signature (handwritten)