

LIVERPOOL CENTRAL SCHOOL DISTRICT

Transportation Department

4101 Long Branch Rd., Liverpool, NY 13090

315.453.0287 • FAX 315.453.0282

2019-2020 Application for Transportation to Non-Public Schools

Requests may be denied if form is incomplete or late

DIRECTIONS (PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION)

1. Forms must be received in the transportation office **no later than April 1st** of the preceding school year.
 2. Your child must be school age to be eligible for transportation (age 5 by December 1, 2019)
 3. A separate Application for Transportation form must be submitted for each child attending a non-public school.
 4. This form must be signed by the Principal of the school your child will be attending (**bottom section of this form**).
- NOTE: LIVERPOOL DOES NOT TRANSPORT STUDENTS ON SCHEDULED SUPERINTENDENT'S CONFERENCE DAYS OR WHEN NOT IN SESSION. Refer to Liverpool Central School District Calendar 2019-2020 at www.liverpool.k12.ny.us after May 1, 2019.**

Name of Student (First)(Last) _____ (Date of Birth) _____

School _____ Address of School _____

Grade in September 2019 _____ Kindergarten: AM K _____ PM K _____ Full Day K _____

We request bussing: Both AM & PM _____ AM only _____ PM only _____

Other children in household (birth through 12th grade only):

Full Name (first & last)	Date of Birth	School Attending

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IF YOU ARE FILING LATE, INCLUDE A REASONABLE EXPLANATION ON LINE BELOW. (NYS Law Section 3635-2)

REASON LATE: _____

Parent/Guardian Name _____

Phone (Home#) _____ (Cell#) _____ (Email) _____

I confirm that my child resides at the address below and request transportation to and from the school listed above:

Address (Street) _____ (Town) _____ (Zip) _____

(A Childcare Transportation Form is also required if student will go from/to childcare at a location other than home.)

Parent or Guardian Signature _____ Date _____

THIS SECTION MUST BE COMPLETED AND SIGNED BY PRINCIPAL

I certify that the above-named child plans to enroll for the 2019-20 school year, in the grade level and school indicated above.

Principal Signature _____ Date _____

School/Address _____

Phone _____ School Hours _____

(Include Kindergarten session times & early dismissal times)

For Office Use:

Transportation

Census & Attendance

Parent