

# LIVERPOOL CENTRAL SCHOOL DISTRICT

Transportation Department

4101 Long Branch Rd., Liverpool, NY 13090

315.453.0287 • FAX 315.453.0282

## 2020-2021 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, 2020)
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 2020-2021 at [www.liverpool.k12.ny.us](http://www.liverpool.k12.ny.us) after May 1, 2020.

Name of Student (First)(Last) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

School \_\_\_\_\_ Address of School \_\_\_\_\_

Grade in September 2020 \_\_\_\_\_ 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 **2020-21** 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