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Colin Little
Assistant Director of Transportation

Maureen Ryan
Director of Transportation

Jean Bain
School Bus Dispatcher

2017/2018 TRANSPORTATION REQUEST FOR PRIVATE/PAROCHIAL SCHOOLS

In accordance with the Laws of the State of New York, I hereby formally request transportation for my child to the _____ School.

Child's Name _____

DOB ____/____/____ Grade Entering _____ Age _____

Address: House # and Street _____
(PO Box Numbers Unacceptable; Please Indicate House # and Street)

City, State, Zip _____

Home Telephone # _____

Emergency Telephone # _____

THE NEW PALTZ CENTRAL SCHOOL DISTRICT DOES NOT TRANSPORT TO PRIVATE/PAROCHIAL SCHOOLS ON DAYS IN WHICH THE DISTRICT IS CLOSED FOR STUDENTS.

A request must be completed for each child and submitted on or before April 1, 2017 as established by Education Law Section 3635. Students who register for Kindergarten must meet the same requirements as students attending New Paltz Central School District.

SCHOOL ATTENDED BY YOUR CHILD IN THE 2016/2017 SCHOOL YEAR _____

PARENT/GUARDIAN SIGNATURE _____

DATE ____/____/____

(FOR TRANSPORTATION OFFICE USE)

DATE RECEIVED ____/____/____

MILEAGE DISTANCE FROM HOME TO SCHOOL 15 MILES AND UNDER____ MORE THAN 15 MILES____
IF MORE THAN 15 MILES, STATE MILEAGE HERE____

TRANSPORTATION APPROVED _____ DISAPPROVED _____