

Iroquois Central School District Transportation Department  
 2111 Girdle Rd.  
 P.O. Box 32  
 Elma, New York 14059  
 (716)652-5130 Telephone (716)995-2329 FAX

**NON-PUBLIC SCHOOL TRANSPORTATION REQUEST**

New York State Education Law requires that a written request be submitted **each year** to the Board of Education by the parent or legal guardian of an eligible pupil attending a non-public school for which transportation is desired. This request is to be sent to the transportation department **no later than April 1<sup>st</sup>\* preceding the beginning of the next school year. If families move into the district later than April 1<sup>st</sup>, the request must be made within thirty days after establishing residency in the district.**

- [ ] New Application - 2 proofs of residency must accompany new applications: lease, utility bills, etc.
- [ ] Transportation Renewal – for students previously receiving transportation from Iroquois

**STUDENT INFORMATION** - Requests for Kindergarteners must be accompanied by copy of birth certificate

School Student will be attending: \_\_\_\_\_ Grade \_\_\_\_\_

School Address: \_\_\_\_\_ School's phone \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

No.                      Street                      (Apt. No.)                      Town                      Zip

Student Resides with ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

**Mandatory: If student resides between two households, please include a copy of your legal Custodial document**

Home Phone # \_\_\_\_\_ Emergency Phone: Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Transportation is requested for: \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Both

**FAMILY INFORMATION** - Siblings attending the same school may be listed:

Name	Date of birth	Grade	Name	Date of birth	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Parent/Guardian Names: Mother \_\_\_\_\_ Father \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

If this is a late request, please state reason: \_\_\_\_\_

**Please note: If children attend different schools, a form must be completed for each school attended**  
**Completed forms should be mailed to above address or faxed to (716)995-2329**

Transportation Department Use:

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_ Declined: \_\_\_ Reason: \_\_\_\_\_

Proofs of residency required? \_\_\_ Y \_\_\_ N Received? \_\_\_ Y \_\_\_ N

Entry date: \_\_\_\_\_ Letter sent date: \_\_\_\_\_ Bus info: \_\_\_\_\_