



Building Bridges for today's students to cross into tomorrow's world with equity, innovation and optimism

Transportation Office • 13A Dickinson Avenue • Nyack, NY 10960 • (845) 353-7041
Fax: (845) 353-7087 • Email: transportation@nyackschools.org • www.nyackschools.org

2018 – 2019

REQUEST FOR TRANSPORTATION TO PRIVATE & PAROCHIAL SCHOOLS

District Requirements:

- ✓ All students grades **K-8** living less than fifteen (**15**) miles and more than (**1**) one mile and all students grades **9-12**, living less than fifteen (**15**) miles and more than one and one-half (**1.5**) miles from said schools will be transportation eligible-provided all application requirements are met.
- ✓ Individual requests must be submitted for **each** student annually.
- ✓ **Copy of birth certificate** (for first time registrants only) **and Proof of Residency** (each year) are required. Acceptable forms for proof of residency: utility bill, tax bill, signed lease, mortgage papers, etc. *Note: A driver's license is not acceptable as proof of residency.*
- ✓ Students must be five (5) years old prior to December 1, 2018.
- ✓ Residents who move into the District after the April 1 deadline have 30 days to submit this form.
- ✓ **New York State Education Law requires** that the district Transportation Office must **receive all transportation requests by April 1, 2018**. Late requests may not be processed.

All requests should be sent directly to the following address:

Transportation Office
Nyack Public Schools
13-A Dickinson Ave.; Nyack, New York 10960

Student Name _____
(last name) _____ (first name) _____

Address _____
(number) _____ (street) _____ (city) _____ (zip code) _____

Nearest intersection to your home _____

Student Age _____ Date of Birth _____ Gender _____

Name(s) of Parent or Guardian _____ Email _____

Primary Phone _____ Cell Phone _____

Emergency contact name _____ Emerg. Phone _____

Transportation will not begin prior to the first day of school for Nyack Public Schools

School to be attended _____ Grade _____

Address _____ Phone _____

First day of school _____ Time school begins _____ Dismisses _____

School presently attending _____ Grade _____

Signature of Parent/Guardian _____ Date _____

- **If transportation is to/from a different address please request an Alternate Site (Day care) Transportation Form by calling 845-353-7041 or on our website www.nyackschools.org**