**BEDFORD CENTRAL SCHOOL DISTRICT**

**P. O. Box 180 ∙ FOX LANE CAMPUS ∙ MT. KISCO, NY 10549**

**Phone: (914) 241-6001 Fax: (914) 244-3475**

**2024-2025 SCHOOL YEAR**

# ANNUAL REQUEST FOR TRANSPORTATION TO A NON-PUBLIC SCHOOL

New York State Education Law requires that a written request for transportation to a non-public school be filed each year **by April 1st** to be eligible for transportation the following year.

**Note: Student must be 5 years old on or before December 1st to be eligible for transportation.**

Name of School Requested

Street Address of School

School Start Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Ending Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I only need the bus in the AM [ ] I only need the bus in the PM [ ] I need the bus both AM & PM [ ]

**Student Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Male [ ] Female [ ] Grade Student is Entering \_\_\_\_\_\_\_\_

**Exact mileage from your driveway to school driveway**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Note:** Distance between home and school will be verified over publicly maintained roads using Transfinder, the computerized bus routing software used by the District. **Transportation eligibility is determined by residency, mileage of at least ½ mile to no more than 15 miles from home to school, and submission of application by** **April 1st**. New applicants or address changes for existing students require submission of proof of residency. All routes are subject to changes for safety and efficiency throughout the year.

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print) (Signature)

Home Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town & Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (No PO Box, must be physical address)

Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

Primary Contact for weather/emergency notifications:

 Cell Phone

 Email address

**NOTE: THIS FORM MUST BE RECEIVED IN THE TRANSPORTATION DEPARTMENT BY APRIL 1, 2024.**

**MAIL OR FAX THIS FORM TO ‘TRANSPORTATION DEPARTMENT’**

**AT ABOVE ADDRESS OR FAX NUMBER**