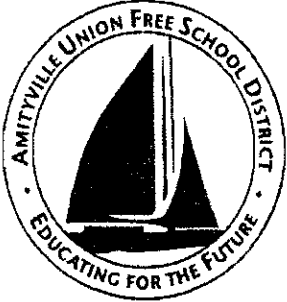


**REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS**



**Board of Education  
Amityville Union Free School District  
Transportation Office - Park North Building  
Amityville, New York 11701**

(631) 565-6021

Transportation is requested for school year \_\_\_\_\_ to \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

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

GRADE in September \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_  
LAST FIRST

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  MALE  FEMALE

Address of Child \_\_\_\_\_  
No. Street Town Zip

Nearest Cross Street \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
Residence Residence

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
Business Business

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\* \* \* \* \*  
**THIS FORM MUST BE RECEIVED BY THE  
AMITYVILLE SCHOOL TRANSPORTATION OFFICE BY APRIL 9<sup>TH</sup>**  
\* \* \* \* \*

**PLEASE NOTE:** If you are unsure as to which private/parochial school your child may be attending, you must file an application for each school being considered no later than April 1. Please notify us accordingly when a decision is reached as to the school of attendance. If you have ANY questions, please contact the Transportation Office at the above address or telephone number.

Complete this form. **DO NOT DETACH COPIES.** Application may be mailed or hand delivered to the above address. When mailing, it is suggested to send the application certified mail with return receipt.

Copies will be stamped received; Copy #2 sent to school for their records and Copy #3 will be returned to parents as acknowledgment.

**PLEASE NOTE: NEW YORK STATE EDUCATION LAW - SECTION 3635, Sub-division 2**  
A parent or guardian of a child residing in any school district, or any representative authorized by such parent or guardian, who desires for a child during the next school year any transportation authorized or directed by this chapter shall submit a written request therefor to the school trustees or board of education of such district not later than the first day of April preceding the next school year, provided, however, that a parent or guardian of a child not residing in the district on such date shall submit a written request within thirty days after establishing residence.

**CHILD FIND:** If you believe that your child has a disability which affects his/her educational performance, you are urged to contact the Administrator for Pupil Personnel Services and Special Education, at 631-598-6514.

**MAIL TO ABOVE ADDRESS WITH COPY #2 AND #3**

1st COPY    **TRANSPORTATION**                      2nd COPY    **SCHOOL RECORD**                      3rd COPY    **PARENT**