



# REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS

DEADLINE TO SUBMIT FORM IS APRIL 1 FOR THE NEW SCHOOL YEAR

If your child is *not* registered with the Brighton CSD, please contact the Central Registrar at 585-242-5200 x5580, Transportation cannot be provided until student is registered in the district.

**This form is an online fileable form.**

School Name (Print): \_\_\_\_\_ Grade Entering : \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Student Name(Print): \_\_\_\_\_ Age as of today: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian (Print): \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**AM PARENT DRIVING - NO BUS NEEDED (PLEASE CHECK DAYS)**

**PM PARENT PICK UP - NO BUS NEEDED (PLEASE CHECK DAYS)**

M  Tu  W  Th  F

M  Tu  W  Th  F

**PLEASE INDICATE EITHER HOME OR OTHER LOCATION  
FOR AM AND PM IN EACH BOX:**

<b>MON AM</b>	Provider/Name:		<b>MON PM</b>	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	
<b>TUES AM</b>	Provider/Name:		<b>TUES PM</b>	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	
<b>WED AM</b>	Provider/Name:		<b>WED PM</b>	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	
<b>THURS AM</b>	Provider/Name:		<b>THURS PM</b>	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	
<b>FRI AM</b>	Provider/Name:		<b>FRI PM</b>	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	

Section 3635(2) NYSED law requires a written request for transportation to a non-public school be made no later than April 1<sup>st</sup> of each year. **Requests made after this date will be subject to review for eligibility and may be denied.** In addition, a parent/legal guardian of a pupil not residing in the school district on April 1<sup>st</sup> shall submit a written request within thirty days after establishing residence in the district. My signature certifies that I am the parent/legal guardian of the above student and authorized to request transportation to the school noted above. I verify that the student resides with me at the address indicated.

Signature :

Date:

Email, mail or deliver to: [bcsd\\_transportation@bcsd.org](mailto:bcsd_transportation@bcsd.org) or BCSD Transportation Department, 2035 Monroe Ave, Rochester, NY 14618 or fax to 585-242-5098