



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

**DEADLINE TO SUBMIT FORM IS APRIL 1, 2019**

If your child is **not** registered with Brighton CSD, please contact the Central Registrar at 242-5200, x7533. Transportation cannot be provided until student is registered in the district.

Residency Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 School Name (Print): \_\_\_\_\_ Grade Entering : \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Student Name(Print): \_\_\_\_\_ Age as of 12/1/2019: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian (Print): \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**NO PICK UP NEEDED (PLEASE CHECK DAYS)**

M  Tu  W  Th  F

**NO DROP OFF NEEDED (PLEASE CHECK DAYS)**

M  Tu  W  Th  F

**Transportation will automatically be set up using home address unless alternative address is indicated below:**

<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 (*handwritten*)

Date

**Mail or deliver to: BCSD Transportation Department, 2035 Monroe Ave., Rochester, NY 14618 or fax to 585-242-5098**