

# HILTON SCHOOL DISTRICT REQUEST FOR NON-PUBLIC SCHOOL TRANSPORTATION

(One form per child - Please fill out completely)

Today's Date: \_\_\_\_\_ School Year 20\_\_\_\_ / 20\_\_\_\_ Date Received In Office: \_\_\_\_\_

Current Hilton Resident  New Move in  Residency Date \_\_\_\_\_  
Proof of Residency must be verified through our Hilton Central Registration Dept. this includes any change of address within the district.

Student's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student Plans to Attend: \_\_\_\_\_  
Name of School

Grade Entering: \_\_\_\_\_ School Year: 20 / 20

CIRCLE NO AM TRANSPORTATION NEEDED  
(IF APPLICABLE) NO PM TRANSPORTATION NEEDED

TRANSPORTATION NEEDED ONLY WHEN PARENT CALLS AM PM

Parent or Guardian print name Parent or Guardian signature Date

## CHILD CARE TRANSPORTATION REQUIREMENTS

Please remember that childcare sites must be within the Hilton School District boundaries.

AM/ Pick up from Caregiver:

PM/ Drop off at Caregiver:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Section 3635(2) of 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.

This request is for the school year listed above only, and must be resubmitted each year. We transport to a non-public school provided there is a student attending that meets the 15 mile requirement.

If you have any questions or need information pertaining to private/parochial school transportation please call the Hilton Transportation Department (585)392-1007.

**SUBMIT BY APRIL 1<sup>st</sup> TO: HILTON TRANSPORTATION DEPARTMENT  
HILTON CENTRAL SCHOOLS  
300 SCHOOL LANE  
HILTON, NY 14468**

**OR FAX TO: (585)392-1053**