



OFFICE OF STUDENT TRANSPORTATION SERVICES

ADDRESS: 1790 Latta Rd., Bldg C, Rochester, NY 14612

MAILING ADDRESS: P.O. Box 300, N. Greece, NY 14515-0300

TELEPHONE: 585.966.2550 **FAX:** 585.581.8189

WEB ADDRESS: www.greececsd.org

EMAIL: Greece.Transportation@greececsd.org

School Year

20____/20____

Transportation Application
for Private/Parochial and Charter Schools

School Name: _____ (one school per application)

Student(s) Information:

First and Last Name	Birth Date	Grade Level*	Student ID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Grade level should reflect school year above

Does student have a serious or life threatening condition that might require support, assistance or intervention from the bus driver or attendant: Yes ___ No ___. Please fax the medical documentation for appropriate review to student services at 585-581-8205.

Parent/Guardian Information:

_____	_____
First and Last Name	Home Telephone Number
_____	_____
Street Address and Zip Code	Alternate Telephone Number

New Greece Resident: Yes No Date of Established Address: _____

Parent/Guardian must go to home school to provide proof of residency/address verification for new to Greece residents as well as for change of address within the district. A new Transportation Application must be completed for address changes within the district. If you are unsure of your home school, please contact the Office of Student Information Services at 966.2314 to obtain that information.

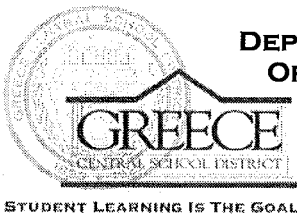
Greece School Representative Signature _____
Date

Section 3636(2) of the Education Law requires that a parent submit a written request for transportation to a nonpublic school no later than April 1st of each year. In addition, a parent/legal guardian of a pupil not residing in the school district on April 1st 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(s) and authorized to request transportation to the school noted above. I verify that the student(s) resides with me at the address indicated.

Parent/Guardian Signature _____
Date

School Verification: I verify that the above listed student(s) is/are enrolled at the nonpublic school for the school year 20____/20____.

Private/Parochial/Charter Principal's Signature _____
Date



**DEPARTMENT OF FINANCE AND SUPPORT
OFFICE OF STUDENT TRANSPORTATION SERVICES**

School Year
20___/20___

MAILING ADDRESS: P.O. Box 300, N. Greece, NY 14515-0300
TELEPHONE: 585.966.2550 **FAX:** 585.581.8189
WEB ADDRESS: www.greece.k12.ny.us

Transportation Day Care Form

Student Information For families with multiple students, please fill out a form *for each student* in the family.

School Name _____

Student ID _____ First and Last Name _____ Birth Date _____ Grade* _____
**Grade level should reflect school year above.*

Request for Day Care			
Please note that new changes take effect on Mondays and Wednesdays. Requests may take up to five business days to process. Arrangements must be consistent Monday-Friday.			
<input type="checkbox"/> AM Day Care	Requested Date:	<input type="checkbox"/> PM Day Care	Requested Date:
Day Care Address and Zip Code		Day Care Address and Zip Code	
Day Care Provider Name		Day Care Provider Name	
Telephone Number		Telephone Number	

Cancellation Day Care			
Please note that new changes take effect on Mondays and Wednesdays. Requests may take up to five business days to process. Arrangements must be consistent Monday-Friday.			
<input type="checkbox"/> AM Day Care	Cancellation Date:	<input type="checkbox"/> PM Day Care	Cancellation Date:

Parent/Guardian Information

First and Last Name _____ Home/Primary Telephone _____ Alternate Telephone _____

The district provides transportation to and from day care providers for eligible students in grades K-8. Students may be picked up at one location and dropped off at another; however, arrangements must be consistent Monday-Friday.

New York State Education Law requires that a parent or legal guardian submit a written request for transportation to a child care provider no later than April 1.

My signature certifies that I am the parent/legal guardian of the above student and authorized to request transportation to/from the day care provider listed above.

Signature _____ Date _____