



# Guilderland Central School District

Transportation Department  
PO Box 382, School Road ❖ Guilderland Center, NY 12085

OFFICE USE ONLY	
STUDENT ID	
FAMILY #	
RECEIVED DATE	

Residents of the Guilderland School District who are eligible for transportation to non-public schools under the 15-mile limit are required to file an application each year for such transportation in accordance with Chapter 363 of the New York State Laws of 1960.

Complete and return this form only if you wish to request transportation to a private school(s) for your children.

**For transportation start date of Sept 2024 this form must be received by APRIL 1st, 2024.**

## REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS

**IMPORTANT NOTE:** If children will need transportation to more than 1 private school, a separate form should be used for each school. Information changes can take up to three business days.

<b>Name of Private School:</b>	_____		
<b>Address:</b>	_____	_____	_____
	<i>Street Address</i>	<i>City</i>	<i>Zip</i>

LIST ALL CHILDREN ATTENDING THIS SCHOOL <i>Last, First, Middle, Suffix</i>	GENDER	BIRTH DATE	GRADE AS OF SEP-2024	TRANSPORTATION REQUESTED			
				AM	PM	ON CALL AM	ON CALL PM
1)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I believe the request listed above complies with the 15-mile residence-to-school regulation.**

OTHER SIBLINGS IN THIS HOUSEHOLD <i>(Include those who have not yet reached school age.)</i>	GENDER	BIRTH DATE
4)		
5)		
6)		

FULL NAME OF PARENTS \ GUARDIANS	RELATIONSHIP TO STUDENT	HOME PHONE	WORK PHONE	CELL PHONE
1)				
2)				

STUDENTS' RESIDENTIAL ADDRESS <i>(Not Post Office Box)</i>			
Street	_____		City, State Zip
Resides With:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
	<input type="checkbox"/> Other _____	Receives Mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS	PARENT/GUARDIAN'S EMAIL
_____	_____

**Additional Comments:**

**I certify that the information provided above is accurate and complete:**

\_\_\_\_\_  
*Parent\Guardian Signature*

\_\_\_\_\_  
*Date*

*Rev 1-19-2024*