

BOARD OF EDUCATION
ELMSFORD UNION FREE SCHOOL DISTRICT
ELMSFORD, NEW YORK 10523
REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOL
2018-2019 ACADEMIC YEAR

Dear Parent/Guardian:

The Elmsford UFSD will provide transportation for Elmsford resident students in grades K-12 to private/parochial schools within a 15-mile radius of their home if the application for transportation is received by April 1 of the preceding school year.

Please complete the form below for your child who will be attending a non-public school. **If this is the first time you are applying for out-of-district transportation you must provide us with:**

- 1) **Proof of residence in the form of a copy of your lease or deed or two utility bills**
- 2) **Copy of your child's birth certificate**

Please sign and return this application with any required documentation to the Business Office of the Elmsford Union Free School District at the address listed on the reverse side. A separate application is required for each child. Additional forms may be obtained by calling this office, 592-2276 or at www.eufsd.org under the Department tab, then the Transportation section of our website. The transportation application link is located on the far left-hand side of this tab.

The Business Office must receive all forms **NO LATER THAN APRIL 1, 2018**

Please note that all required documentation must be submitted and all information must be completed for this request to be considered.

ALL AREAS MUST BE COMPLETED. IF ANY AREA IS LEFT BLANK THE APPLICATION WILL BE RETURNED TO YOU FOR COMPLETION

I request the Board of Education provide transportation for my child to a non-public school.

The public road distance from my house to the school is _____ miles

SCHOOL NAME: _____ PHONE NO. _____

ADDRESS OF SCHOOL: _____

SCHOOL START TIME: _____ SCHOOL DISMISSAL TIME: _____

STUDENT NAME: _____ HOME PHONE NO. _____

STUDENT ADDRESS: _____

Number & Street

Village/Town

Zip Code

EMERGENCY CONTACT NO.: _____

DATE OF BIRTH _____ SEX: F / M Grade 2018/19 _____

NAME OF LAST SCHOOL ATTENDED _____

PARENT CERTIFICATION ON REVERSE SIDE

PARENT CERTIFICATION

Page 2

I attest that my child is a resident of the Elmsford School District, will be age 5 or older as of December 31, 2018. In addition, if this is the first time I am applying for out-of-district transportation, I am submitting the following in support of the above statement:

_____ Copy of birth certificate (**only required if this is the first time applying for out-of-district transportation**)

_____ Proof of residence (**only required if this is the first time applying for out-of-district transportation**)

I understand that this request must be received by the Board of Education by **April 1, 2018** to qualify for September 2018 transportation.

MAIL OR DELIVER TO:

Business Office
Elmsford Union Free School District
Attn: MaryBeth Swansen
98 South Goodwin Avenue
Elmsford, NY 10523

SIGNATURE – PARENT OR GUARDIAN

PRINT NAME – PARENT OR GUARDIAN

DATE OF REQUEST

PLEASE NOTE: NO CONFIRMATION OF RECEIPT OF THIS REQUEST WILL BE SENT FROM THIS OFFICE. IF YOU WISH TO CONFIRM RECEIPT OF YOUR REQUEST FOR TRANSPORTATION, PLEASE CONTACT MARYBETH SWANSEN AT 914-592-2276 or MSWANSEN@EUFSD.ORG

Tspt appl