

BOARD OF EDUCATION  
ELMSFORD UNION FREE SCHOOL DISTRICT  
ELMSFORD, NEW YORK 10523  
REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOL  
**2023-2024 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 register your student in order to be eligible for transportation services. Please contact the Registrar's Office at 914-592-3758.**

Please sign and return this application 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, 914-592-2276 or at [www.eufsd.org](http://www.eufsd.org) under the Departments 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, 2023**

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

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**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: \_\_\_\_\_ PARENT/GUARDIAN PHONE NO. \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NO.: \_\_\_\_\_

Number & Street	Village/Town	Zip Code
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DATE OF BIRTH \_\_\_\_\_ SEX: \_\_\_\_\_ Grade Attending 2023/24 \_\_\_\_\_

NAME OF LAST SCHOOL ATTENDED \_\_\_\_\_

PARENT CERTIFICATION ON REVERSE SIDE

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PARENT CERTIFICATION

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I attest that my child is a resident of the Elmsford School District and will be age 5 or older as of December 31, 2023.

In addition, if this is the first time I am applying for out-of-district transportation, **please contact the Registrar's Office at 914-592-3758.**

I understand that this request must be received by the Board of Education by **April 1, 2023** to qualify for September 2023 transportation.

**MAIL OR DELIVER TO:**

Business Office  
Elmsford Union Free School District  
Alexander Hamilton H.S.  
Attn: MaryBeth Swansen  
98 South Goodwin Avenue  
Elmsford, NY 10523

\_\_\_\_\_  
SIGNATURE – PARENT OR GUARDIAN

\_\_\_\_\_  
PRINT NAME – PARENT OR GUARDIAN

\_\_\_\_\_  
PARENT/GUARDIAN EMAIL

\_\_\_\_\_  
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*