

BOARD OF EDUCATION
ELMSFORD UNION FREE SCHOOL DISTRICT
ELMSFORD, NEW YORK 10523
REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOL
2024-2025 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 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, 2024**

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: _____ PARENT/GUARDIAN PHONE NO. _____

STUDENT ADDRESS: _____

Number & Street	Village/Town	Zip Code
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EMERGENCY CONTACT NO.: _____

DATE OF BIRTH _____ SEX: _____ Grade Attending 2024/25 _____

NAME OF LAST SCHOOL ATTENDED _____

PARENT CERTIFICATION ON REVERSE SIDE

PARENT CERTIFICATION

I attest that my child is a resident of the Elmsford School District and will be age 5 or older as of December 31, 2024.

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, 2024** to qualify for September 2024 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

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