

FOR SCHOOL YEAR: \_\_\_\_\_

**MAIL OR FAX FORM TO:  
(PRIOR TO APRIL 1st.)**



**BETHLEHEM CENTRAL SCHOOL DISTRICT  
TRANSPORTATION CENTER  
82 VAN DYKE ROAD  
DELMAR, NEW YORK 12054  
FAX #: 518-439-7885**



**PRIVATE/PAROCHIAL SCHOOL TRANSPORTATION REQUEST**

In accordance with New York State Education Law and Bethlehem Central School District Policy, School age children will be provided transportation to private/parochial schools within 16 miles of the child's home. *Such transportation must be requested in writing, by April 1, preceding the school year which the transportation is needed, or within 30 days of moving into the school district. Parents MUST submit for transportation each year if their pupil is enrolled in private or parochial school. **Request for transportation for KINDERGARTEN students must be accompanied with a copy of the students BIRTH CERTIFICATE.***

MAXIMUM TIME THAT A PUPIL MAY SPEND ON A BUS: "Education Law does not contain a maximum length of time that a pupil may spend riding on a school bus. There are many factors to consider that determine what is a reasonable riding time. The Commissioner of Education has held, in Judicial Decisions, that a trip of **1 1/2 hours**, in particular situations, was **not unreasonable.**" In accordance with State Law, the District is obligated to provide economical and efficient transportation, and therefore, will often transport to more than one school on a single trip. **Please use separate form for separate schools.**

**PLEASE NOTE: ALL BLOCKS MUST BE FILLED OUT FOR THE REQUEST TO BE PROCESSED**

**Date:** \_\_\_\_\_ **Home Address:** \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Emergency Contact Name and Phone: \_\_\_\_\_

Child's First/Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School Name and Address: \_\_\_\_\_  
School Hours: \_\_\_\_\_ Grade attending in September: \_\_\_\_\_

Child's First/Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School Name and Address: \_\_\_\_\_  
School Hours: \_\_\_\_\_ Grade attending in September: \_\_\_\_\_

I hereby certify that I am a resident of the Bethlehem Central School District and it is my intention that all the students named above will be enrolled at the school(s) for the school year beginning July 1, \_\_\_\_  
Furthermore, I have been a resident of the school district since:

Date of Residency: \_\_\_\_\_  
Month Day Year

Signature of parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please indicate if there are any special health needs that are required to safely transport your child or in the case of an emergency.** \_\_\_\_\_