

APPLICATION FOR 2011/12 TRANSPORTATION LANSINGBURGH CENTRAL SCHOOL DISTRICT

APPLICATION MUST BE COMPLETED IN DUPLICATE AND RETURNED TO THE BUSINESS OFFICE BY APRIL 1

* * * * *

*
TO: Lansingburgh Central School District
*
ATTN: Transportation Supervisor
*
576 Fifth Avenue, Troy, New York 12182
*

* (FOR OFFICE USE ONLY) *

* _____ *

* DISAPPROVED |____| APPROVED |____| *

* _____ *

* CONTRACT BUS |____| TOKENS |____| *

FROM: (Name and Address of Parent/Guardian)
*

* EFFECTIVE DATE _____ *

* PICK UP _____ A.M. ROUTE # _____ *

* BUS STOP AT _____ *

HOME PHONE # _____

OTHER/CELL # _____

* ROUTE [] BUS CO [] PARENT/GUARDIAN [] *

]*

* * * * *

WORK #/MOM _____ WORK #/DAD _____ CELL # _____

Application is hereby made for transportation in accordance with Section 3635 of the Education Law of the State of New York and the transportation policy of this school district for:

NAME of STUDENT: _____
(A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH STUDENT)

ADDRESS: _____

NAME OF SCHOOL TRANSPORTATION IS REQUESTED TO: _____ WHEN TRANSPORTATION STARTS, STUDENT
WILL BE ENROLLED IN GRADE: _____

Returning Student _____ New Student _____ If New To District, Moved In _____

Transfer from/Previously attended _____ (DATE)

I hereby certify that the above named student is a resident of Lansingburgh Central School District, and that he/she resides more than one and one half (1-1/2) miles, and less than 15 miles from the school in which he/she is legally enrolled. The 15 mile

limit does not apply if the district is currently providing transportation to the school of attendance. I further certify that I consider this student to be entitled to transportation in accordance with the Education Law of the State of New York, and with the transportation policy of this school district.

I hereby also agree that, in the event transportation is furnished on the basis of any erroneous statement in this application, refund will be made to the Board of Education upon its request for payment.

 Date Signature of () Parent () Guardian

Please show location of your

residence on the diagram.

	N						
_____		_____	_____	_____	_____	_____	_____
	W----- -----E			YOUR BLOCK			
SHOW: Names of streets		_____	_____	_____	_____	_____	_____
_____	on the four sides of	_____	_____	_____	_____	_____	_____
your block and place an	S	_____	_____	_____	_____	_____	_____
_____	X mark for your home.	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____

NOTES/COMMENTS: