



SPENCERPORT CENTRAL SCHOOL DISTRICT

Annual NON-PUBLIC SCHOOL Transportation Application

2678 Nichols Street, Spencerport, NY 14559

FAX: 585-349-5018

www.spencerportschools.org

Complete a separate request form for each student. Date _____

____ Current Spencerport Resident ____ New Move in Residency Date _____

Student's Name _____ DOB __/__/__ Grade ____

First Last

School: _____ Address _____

Home Address _____

Parent Contact #1 _____ Phone: _____

Parent Contact #2 _____ Phone: _____

Emergency Contact: _____ Phone: _____

Application Regulations and Special Conditions

- Children with IEP or 504 medical conditions requiring supervision on the bus, please contact the transportation office at 349-5180. You will need to provide documentation from your private health care provider to be reviewed by the district's physician.
- Section 3635(2) of NYSED Law and BOE Policy 5720 requires a request for transportation to a non-public school **be submitted no later than April 1st of the preceding year**. Requests made after this date will be subject to review for eligibility and may be denied.
- *Students grades K through 8 are eligible for limited alternate bus stop locations associated with day care requirements as outlined in NYSED law 3635(1) and BOE Policy 5720.
- The student's legal residence must be located in the Spencerport Central Schools attendance zone and within a 15-mile distance from the school of their attendance.

ALTERNATE PICK UP/DROP OFF (Applies to students grades K through 8*)

Transportation is required ____AM only ____PM only ____Both AM & PM

AM Pick-up

PM Drop off

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Parent or Guardian Signature

Date

For Office Use Only Below This Line

Distance mileage home to school: /			
	Bus #	Stop Location	Time
AM			
Transfer #			
PM			
Transfer #			