

**2018~2019 APPLICATION FOR TRANSPORTATION
FOR PRIVATE and PAROCHIAL SCHOOLS ONLY**

NAME OF SCHOOL _____

SCHOOL ADDRESS _____

GRADE ENTERING 2018/2019 _____

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To: Board of Education
Garden City Public Schools
Ms. Dana DiCapua, Asst. Supt. for Business & Finance
56 Cathedral Ave.
Garden City, NY 11530

**Re: APPLICATION FOR PUPIL TRANSPORTATION-TTHIS APPLICATION MUST BE COMPLETED EVERY YEAR
EVEN IF YOUR CHILD IS CONTINUING IN THE SAME SCHOOL.**

Ladies/Gentlemen:

I hereby request transportation for the 2018-2019 school year for my child named below. In support of the application, I am supplying the following information.

Name of Pupil: _____

Home Tel. # _____

Address: _____

Parent
Bus Tel # _____/Name _____

Parent
Cell Tel # _____/Name _____

Date of Birth: _____

Email Address _____

Approximate mileage from home to school _____

Student's Age as of 9/1/18 _____

Date _____

Signature _____

Parent/Guardian

If this is a new enrollment for 2018-2019 please check one:

Pupil has been accepted _____

Pupil is on waiting list _____

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MEMO TO PARENTS OR GUARDIANS

Make application to **ONE SCHOOL ONLY**. Fill out application for each child going to the same school. **Transportation will be provided if the distance to school falls within the District mileage limitations.**

For budget allotment purposes, we request that you return this application form to the Administration Office (**address above**) as soon as possible. State Education Law requires that applications be filed **BEFORE APRIL 1, 2018** for the 2018-2019 school year. If there are any questions regarding eligibility, please call the Transportation Office at 483-9297.

If you move, transfer your child, or if your child is not accepted in the school listed on the application, PLEASE NOTIFY US IMMEDIATELY. FAXED and EMAIL APPLICATIONS ARE NOT ACCEPTED. WE MUST HAVE ORIGINAL SIGNATURE.

IF NOTICE OF RECEIPT OF APPLICATION IS DESIRED, PLEASE ENCLOSE A STAMPED, SELF-ADDRESSED ENVELOPE OR POSTCARD