



ID# _____
(Office Use Only)

NON-PUBLIC SCHOOL TRANSPORTATION REQUEST FORM

This request **must be received** by the Pine Bush Central School District **no later than April 1** for the coming school year or transportation could be denied. Residency verification is required prior to approval of this request.

One form must be completed for each student, each year transportation is needed.

According to the laws of the State of New York, I hereby formally request transportation to the following non-public school during the **2024-2025** school year: **(Please type or print clearly)**

Name of Non Public School: _____

Name of Student: _____

Physical Address of Student: _____

Mailing Address (if different): _____

Primary Telephone: _____ Secondary Phone: _____

Email Address for parent/guardian: _____

Date of Birth: _____ Age: _____ Grade Level in **2024-2025**: _____

Alternate Bus Stop or Emergency Contact **(Please check one)**

Be advised, all alternate bus stops must be located within the Pine Bush Central School District.

Name: _____ Address: _____ Phone: _____

Schedule: M T W Th F All AM PM Both (Please check appropriate days and time)

Date: _____ Signature of Parent/Guardian _____

Please mail or deliver to:

Pine Bush Central School District, P.O. Box 700, 156 Route 302, Pine Bush, N.Y. 12566
Fax# 845-744-4059, or email transportation@pinebushschools.org. If you have any questions or if any information should change at any time throughout the school year, please call 845-744-2031 ext. 4057.

Mileage from home to school: _____
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