PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT

106 Washington Avenue, Plainview, New York 11803
Phone (516) 434-3074   Fax (516) 937-6313
Health, Safety &Transportation Office
Christopher Donarummo, Assistant Superintendent, Student Services & Safety
cdonarummo@pobschools.org

2019-2020 PAROCHIAL/PRIVATE SCHOOL TRANSPORTATION APPLICATION

NAME OF SCHOOL ATTENDING:	GRADE IN 2019-2020:
SCHOOL ADDRESS:	SCHOOL HOURS:
STUDENT'S NAME: (Last, First, MI)	SCHOOL START DATE:
STUDENTS ADDRESS:	**LATE BUS REQUESTED:** YES:☐ NO:☐

TO QUALIFY FOR LATE BUS SERVICE, THERE MUST BE A MINIMUM OF 5 STUDENTS ENROLLED IN THE SCHOOL

GENDER:	DATE OF BIRTH:	EMAIL ADDRESS:	OWN☐ RENT☐	HOME PHONE:

PERSONS IN GUARDIANSHIP AT THIS ADDRESS

MOTHER/LEGAL GUARDIAN'S NAME:	CELL PHONE#:
FATHER/LEGAL GUARDIAN'S NAME:	CELL PHONE#:

EMERGENCY CONTACTS

NAME: RELATIONSHIP:	DAY/CELL PHONE#:
NAME: RELATIONSHIP:	DAY/CELL PHONE#:
PHYSICIAN:	DAY PHONE#:
LAST YEARS SCHOOL (2018-19):	GRADE:

Transportation will only be provided under the following conditions:

1. The distance between home and school is 15 miles or less
2. If transportation is approved, a central pick-up point may be assigned by the district.

I certify that the above information is correct and true to my knowledge. I understand that an application for services for a student who is not registered resident of the Plainview-Old Bethpage CSD will result in charges for all services rendered. I also agree to promptly notify the Plainview-Old Bethpage CSD of all changes in the residency or custodianship of this student. I understand that it is my obligation to submit a written application for transportation annually **ON OR BEFORE APRIL 1st** for each child for whom transportation is requested, and in the **ABSENCE OF A TIMELY APPLICATION, BUSING MAY NOT BE PROVIDED**.

Parent/Legal Guardian's signature:	Date:
Received By:	Date received: