

North Greenbush Common School District

476 North Greenbush Rd. Rensselaer, NY 12144 (518) 283-6748

Request for Transportation to Public School 2016-2017

REQUEST MUST BE RETURNED BY JUNE 1, 2016

In compliance with chapter 755, Section 3635 of the Education Law of 1974, as amended, I request transportation for the upcoming 2016-2017 school year be furnished by the Wynantskill Union Free School District for my child. A separate form must be used for each child. If you are filing late, a reasonable explanation must be provided on the back of this form as per Education Law 3635(2).

New Residents must submit a written request immediately after establishing residence in the district.

Will Need Transportation _____ Will Provide own Transportation _____ (Please choose one)

(Please fill out this form even if you plan to transport your child yourself or your child will be driving.)

School Attending _____

Name of Student _____

Grade Anticipated for 2016-2017 _____ Date of Birth _____

Mother's Name _____ Address _____

Phone H _____ W _____ C _____

Father's Name _____ Address _____

Phone H _____ W _____ C _____

Student Resides with _____ Relationship to Student _____

Complete Address _____

AM Pick Up (HOME or OTHER) *Circle one*

Other – Name _____

Address _____

Phone _____

PM Drop Off (HOME, OTHER, Y-TIME or CASE) *Circle one*

Other – Name _____

Address _____

Phone _____

Medical Concerns (asthma, allergies, etc.) _____

Signature of Parent/Legal Guardian _____ Date _____

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Emergency Contact Information
Public Students
North Greenbush Common School District
2016-2017

School Attending _____

Student Name _____ Grade _____

Date of Birth _____ Gender _____

Medical Concerns (asthma, allergies, etc.) _____

Student's Primary Residence Information: Please fill out completely

Parent/Guardian Name _____

Home Address _____

Email Address _____

Home Phone _____

Cell Phone Mom _____ Work Phone Mom _____ Employer _____

Cell Phone Dad _____ Work Phone Dad _____ Employer _____

1st Emergency Contact Information: Please fill out completely

Name _____ Relationship to Student _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Employer _____

2nd Emergency Contact Information: Please fill out completely

Name _____ Relationship to Student _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Employer _____

Sibling Name(s) _____ **Grade** _____

_____ **Grade** _____

Parent/Guardian Signature _____ **Date** _____