

# North Greenbush Common School District

48 North Greenbush Rd., Unit B, Troy, NY 12180

P: (518) 283-6748, F: (518)283-6609

## *Request for Transportation to Non-Public School 2020-2021*

In compliance with chapter 755, Section 3635 of the Education Law of 1974, as amended, I request transportation for the upcoming 2020-2021 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).

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

**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 2020-2021 \_\_\_\_\_ 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 \_\_\_\_\_

**Will Need Transportation** \_\_\_\_\_ **Will Provide own Transportation** \_\_\_\_\_ **(Please choose one)**

### **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 \_\_\_\_\_

**Emergency Contact Information**  
**Non-Public Students**  
**North Greenbush Common School District**  
**2020-2021**

**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 \_\_\_\_\_

**1<sup>st</sup> 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** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_