

NORTH GREENBUSH COMMON SCHOOL DISTRICT

49 North Greenbush Road

Troy, NY 12180

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

To: Parents/Guardians

From: Ann Meister, District Secretary

Re: Non-Public School Transportation Request Forms 2024-2025

Date: January 10, 2024

New York State Education Law 3635(2) requires parents or guardians of a child residing within the North Greenbush Common School District to submit a **written request** to the District, for transportation to a non-public school, **by April 1, 2024** or when not residing in the District on April 1, **within 30 days after establishing residency** within the District. The Non-Public School Transportation Request Form and Emergency Contact Form are enclosed for your convenience.

The purpose of this deadline is to enable the School District to budget funds and make necessary arrangements to provide reasonable and economical transportation to students.

A late request is one filed by a parent or guardian after the April 1<sup>st</sup> deadline or by a new resident more than 30 days after moving into the District. Late requests shall be granted only where a **reasonable explanation** is provided for the delay. The authority to decide which reasons are acceptable rests with the Board of Education. The parent or guardian of a student who is denied transportation to a non-public school may make an appeal to the Commissioner of Education if a satisfactory resolution cannot be reached with the Superintendent or the Board of Education.

***Please note that the Non-Public School Transportation Request Form must be completed every school year in order to provide efficient service to students.***

You may return forms via email: [ameister@northgreenbushcommon.org](mailto:ameister@northgreenbushcommon.org), FAX (518)283-6609, or mail to the address listed above. If you should have any questions regarding completion of these forms, please contact the District Office at (518)283-6748.

Thank you for your prompt attention to this matter.

# North Greenbush Common School District

49 North Greenbush Rd., Troy, NY 12180

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## *Request for Transportation to Non-Public School 2024-2025*

In compliance with chapter 755, Section 3635 of the Education Law of 1974, as amended, I request transportation for the upcoming 2024-2025 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.**

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

**This form must be completed and returned even if your child does not require transportation**

School Attending \_\_\_\_\_

Name of Student \_\_\_\_\_

Grade Anticipated for 2024-2025 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent (1) Name \_\_\_\_\_ Address \_\_\_\_\_

Phone C \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

Parent (2) Name \_\_\_\_\_ Address \_\_\_\_\_

Phone C \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

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 \_\_\_\_\_

**DUE BY APRIL 1, 2024**

**Emergency Contact Information**  
**Non-Public Students**  
**North Greenbush Common School District**  
**2024-2025**

**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 Names \_\_\_\_\_

Home Address \_\_\_\_\_

Best Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

(Parent 1) Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

(Parent 2) Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ 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 (s)** \_\_\_\_\_

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

**DUE BY APRIL 1, 2024**