Elmont Union Free School District

CULTIVATING SCHOLARS AND GLOBAL CITIZENS

KENNETH ROSNER
Superintendent of Schools

January 15, 2021

Dear Parents:

Your attention is called to the following important matter:

REQUEST FOR OUT-OF-DISTRICT TRANSPORTATION

Request for out-of-district private or parochial school transportation must be submitted **on or before April 1, 2021** for the school year beginning September 2021. Requests received after April 1, 2021 will not be considered except for new residents who are required to apply within 30 days after establishing residency in this District. Mail attached request and applicable proofs to: Transportation Department, Elmont Union Free School District, 135 Elmont Road, Elmont, New York 11003, or call 434-2032, 434-2033 or 434-2034.

Sincerely,

Kenneth Rosner
Superintendent of Schools

Attachment

ELMONT UNION FREE SCHOOL DISTRICT
REQUEST FOR OUT-OF-DISTRICT TRANSPORTATION (2020-2021 SCHOOL YEAR)

New York State Education Law* sets April 1, 2021 as the deadline for accepting requests for student transportation to private and parochial schools in the coming year. A request form must be completed for each child attending a non-public school and all forms are to be signed by a parent or guardian.

Under this Policy, transportation is provided to any non-public school student within fifteen (15) miles by the nearest route from the student's home. Kindergarteners through third grade students are transported if they reside more than one-half mile from school. Fourth grade through sixth grade students are transported if they reside more than one mile from school. In order to transport resident students, the child must be **age 5 before December 1st of that school year.**

Please provide the information requested on the form below. An early response will assist us in establishing transportation and schedule of services for your child.

We realize that sometimes the final acceptance to a school is not made until later in the year. If you plan or contemplate having your child attend a private or parochial school during the 2021-2022 school year then you must file a request for transportation by April 1, 2021. **Please note: Transportation is not provided before our start date.**

Please Return:
Certified Mail
Return Receipt Requested

Elmont Union Free School District
Transportation Department
135 Elmont Road
Elmont, New York 11003

Kindly respond as soon as possible. **DEADLINE: APRIL 1, 2021**
If you need additional forms, please contact the Transportation Office at 434-2032, 434-2033 or 434-2034.

Please Print or Type

Child's Name: _____

Address: _____

Home Telephone: _____ Emergency Telephone: _____

Grade as of **2021-2022**: _____ Date of Birth: _____ Age: _____

School your child will attend in September 2021: _____

Did your child attend this school in 2020-2021? _____

School Address: _____

School Telephone: _____ School Hours: _____

Parent or Guardian Name (Print): _____

Signature of Parent or Guardian: _____ Date: _____

***FAILURE TO SUBMIT THIS TRANSPORTATION REQUEST FORM ON OR BEFORE APRIL 1, 2021 WITH REQUIRED DOCUMENTATION WILL RESULT IN YOUR CHILD NOT BEING ELIGIBLE FOR TRANSPORTATION FOR THE 2021-2022 SCHOOL YEAR.**

FLORAL PARK – BELLEROSE UFSD
2021 – 2022 SCHOOL YEAR
APPLICATION FOR TRANSPORTATION TO PRIVATE and/or PAROCHIAL SCHOOL
MUST BE SUBMITTED BY APRIL 1st, 2021

PLEASE PRINT CLEARLY – INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED

STUDENT_____
LAST NAME FIRST NAME

ADDRESS_____
NUMBER STREET TOWN ZIP

INTERSECTING STREETS_____AND_____

PHONE NUMBER_____ CELL NUMBER_____

EMERGENCY CONTACT NUMBER_____

E-MAIL_____

TRANSPORTATION NEEDED: AM ONLY_____ PM ONLY_____ BOTH_____

SCHOOL ATTENDING:_____

SCHOOL ADDRESS:_____
NUMBER STREET TOWN ZIP

SCHOOL PHONE NUMBER_____ SCHOOL (academic) HOURS_____

SIGNATURE OF SCHOOL PRINCIPAL_____ DATE_____

DATE OF BIRTH_____ ENTERING GRADE IN SEPT. 2021 _____

ANY MEDICAL ALERTS AND OR SPECIAL NEEDS TO BE ADDRESSED:

_____

_____
Print Name of Parent/Guardian

_____
Signature of Parent/Guardian

SWORN TO ME BEFORE THIS

_____DAY OF_____, 20_____

_____
NOTARY PUBLIC

FOR RETURNING STUDENTS AND SIBLINGS OF RETURNING STUDENTS, ONLY THIS PAGE MUST BE COMPLETED AND NOTORIZED PLUS ATTACH THE BIRTH CERTIFICATE OF NEW SIBLING.

NEW STUDENTS MUST COMPLETE THE ENTIRE APPLICATION.

Submit completed application by April 1, 2021 to:
Floral Park – Bellerose UFSD
Administrative Offices
Transportation Department
1 Poppy Place
Floral Park, NY 11001

FLORAL PARK – BELLEROSE UFSD
2021 – 2022 SCHOOL YEAR
APPLICATION FOR TRANSPORTATION TO PRIVATE and/or PAROCHIAL SCHOOL

Note 1: School must be within the fifteen-mile limit established by the New York State Education Dept.
Note 2: Birth Certificate is required for all new applicants.
Note 3: If a student's last name is different from the parent, appropriate documentation is required.
Note 4: A new application for each student is required every year by the NYS Education Dept.
Note 5: Please notify Transportation ASAP if the child is not going to attend the school noted above.
Note 6: Transportation may not be provided whenever our public schools are closed.
Note 7: Delayed opening by our public schools will also delay transportation to all schools.
Note 8: The Website will provide information on school closing dates and emergency closures or delayed openings.

PLEASE ATTACH COPIES OF REQUESTED DOCUMENTS TO THIS APPLICATION WHEN RETURNING IT. CHECK THE ITEMS YOU HAVE INCLUDED BELOW. FAILURE TO COMPLY WILL DELAY ACTION ON THIS APPLICATION.

If you are a homeowner, please complete Form A (Page 3) plus respond to Item 1 AND four other items below:

1. Mortgage, Deed or Mortgage Statement from Financial Institution with name and address of parents on the statement
2. Nassau County Tax Receipt paid through the Town
3. School Tax Receipt paid through the Town
4. Village Tax Receipt paid through the Village
5. PSEG Bill.
6. National Grid Bill
7. Bank Statement
8. Credit Card Statement
9. Driver's License

If student is not living with parents, the following are accepted as proof of residence:

1. A court order showing the individual as the legal guardian of the child.
2. A letter from the Social Service Department or other agency showing the individual as the Foster Parent of the child.

If you are not the home owner: Apartment Lease – Must be signed by both parties.

PERSONS RENTING OR RESIDING WITH ANOTHER FAMILY MUST COMPLETE DISTRICT FORM A (Renter's Affidavit from the Property Owner; Notarized) AND FORM B (Renters/Non Owner's Affidavit; Notarized).

If you are renting or residing with another family relation or friend, respond to the following questions:

For Renters/Non Owner's, what is the name and your legal address listed with your employer?

_____

Renters/Non Owner's, is this the same address listed with the Internal Revenue Service? _____

If No, list address with IRS _____

Renters/Non Owner's, please provide the following in addition to all other requests:

1. A copy of PSEG bill
2. A copy of telephone company bill
3. A copy of voter registration document.

ALL DOCUMENTS SUBMITTED MUST SHOW NAME AND ADDRESS OF RESIDENT.

FLORAL PARK – BELLEROSE UFSD
2021 – 2022 SCHOOL YEAR
APPLICATION FOR TRANSPORTATION TO PRIVATE and/or PAROCHIAL SCHOOL

PROOF OF RESIDENCE
FORM A – OWNER'S/LEASOR'S AFFIDAVIT (1 Page)

STATE OF NEW YORK)
) ss:
COUNTY OF NASSAU)

Name _____, Social Security# _____,
Being duly sworn, deposes and says:

1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that

_____ may be admitted to the schools of the Floral Park-Bellerose
(NAME OF CHILD) School District as a district resident.

2. I am the legal owner of _____
(ADDRESS – Attach Mortgage, Deed or Mortgage Statement from Financial Institution with name and address, Nassau County and School Tax Receipts).

_____ And
(NAME OF PARENT/GUARDIAN/CUSTODIAL PARENT)

_____ are residents at this address.
(NAME OF CHILD)

The terms and conditions of said tenancy are as follows: _____ (HOMEOWNER, RENT, etc., Attach copy of Lease).

3. To the best of my knowledge the above-mentioned property is the current resident of

_____and _____
(PARENT/GUARDIAN/CUSTODIAL PARENT) (NAME OF CHILD)

4. The following names include ALL other persons living at this address:

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

_____
SIGNATURE OF OWNER/LEASOR

Sworn to before me this _____ day of _____, 20____

_____
NOTARY PUBLIC

FLORAL PARK – BELLEROSE UFSD
2021 – 2022 SCHOOL YEAR
APPLICATION FOR TRANSPORTATION TO PRIVATE and/or PAROCHIAL SCHOOL

PROOF OF RESIDENCE
FORM B – RENTER'S/NON-OWNER'S AFFIDAVIT (2 Pages)

STATE OF NEW YORK)
) ss:
COUNTY OF NASSAU)

Name _____, Social Security# _____, being duly sworn, deposes and says:

1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ (NAME OF CHILD) may be admitted to the schools of the Floral Park Bellerose School District as a district resident. I further understand that if _____ (NAME OF CHILD) is found not to be a legitimate resident of the Floral Park-Bellerose School District, that I WILL BE LEGALLY RESPONSBILE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY $7,000 PER YEAR, PER CHILD, RETROACTIVE to the first day of admission. I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

2. I am the _____ (PARENT/GUARDIAN/CUSTODIAL PARENT) OF _____ (NAME OF CHILD). I reside at (STATE ADDRESS and SPECIFY THE EXACT NATURE OF THE SPACE: basement apartment, second floor apartment, number of rooms, etc.) _____

with _____ (NAME OF CHILD), and

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

(LIST EACH AND EVERY OTHER PERSON LIVING AT THE ABOVE ADDRESS).

MY CHILD, _____ lives with me and said address is his/her actual and only permanent residence.

3. My last address was _____, where I lived with:

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

(LIST EACH AND EVERY OTHER PERSON LIVING AT THE ABOVE ADDRESS).

FLORAL PARK – BELLEROSE UFSD
2021 – 2022 SCHOOL YEAR
APPLICATION FOR TRANSPORTATION TO PRIVATE and/or PAROCHIAL SCHOOL

PROOF OF RESIDENCE – FORM B (2 Pages)
RENTER'S/NON-OWNER'S AFFIDAVIT

4. I commenced residency at _____ (CURRENT ADDRESS)

on _____. My living arrangement is governed by:

(CHECK APPROPRIATE BOX):

_____ A formal lease (attach copy of lease and Owner's Affidavit – Form A)

_____ Other (attach rental agreement and Owner's Affidavit – Form A)

The terms and conditions of my tenancy are as follows (specify rent, etc.)_____

_____

_____

_____
SIGNATURE OF RENTER/NON-OWNER

Sworn to before me

This _____ day of _____, 20_____

_____

2021-2022
HERRICKS U.F.S.D.
NON-PUBLIC SCHOOL TRANSPORTATION REQUEST FORM

This form is for **NON-PUBLIC SCHOOL STUDENTS ONLY.** All applications must be completed and returned to the Transportation Office **no later then April 1st, 2021** in accordance with New York State law. A separate application must be submitted for each child and for each school you are considering. Parents of new applicants must complete a registration form; available in the Transportation Office and provide proof of residency ***(Deed/Lease plus 3 additional proofs)***. Parents of kindergarten children must also provide a **birth certificate**. When applications are filed for a student for more than one school, you must let the Transportation Office know which school your child will attend by **April 1st** or within five (5) days of the decision by the school's Admission's Office as long as ALL requests were submitted by **April 1st.** In accordance with New York State Law, families moving into the District **after April 1st** must submit applications within 30 days of establishing residency. IN ORDER TO AVOID POTENTIAL PROBLEMS, PLEASE DO NOT FAX.

Note: Once a school is chosen, decision is Final. Any future change will be considered a new request. If new request were submitted after April 1, it would be considered a late application.

Date: _____

RETURN FORM TO: Herricks UFSD
Transportation Dept.
999B Herricks Road
New Hyde Park, NY 11040

PLEASE PRINT **(FILL APPLICATION OUT COMPLETELY TO KEEP OUR RECORDS UP TO DATE)**

Student's Name: _____ Male _____ Female _____
(First Name) (Last Name)

Street Address: _____ Date of Birth: _____

Town: _____ Zip Code: _____

Telephone No.: _____ Emergency Phone No.: _____

Parent's email: 1) _____ 2) _____

School Name: _____ Grade Entering: _____

School Address: _____

Town: _____ Zip Code: _____

School Hours: _____ Telephone No.: _____

Name of Parent (**Print**): _____

Signature of Parent: _____

==========

This portion of the Transportation Request Form will be returned to confirm receipt of your application. If you have not received acknowledgement by mail prior to **April 1st, 2021** please call the Transportation Office at 305-8948,49,50. All applicants will be notified if they are not eligible for bus service based on mileage or age requirements.

Child's Name: _____

School: _____

Transportation: _____

PLEASE KEEP THIS RECEIPT FOR YOUR RECORDS

Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

TRANSPORTATION APPLICATION TO PRIVATE OR NON-PUBLIC SCHOOLS

In accordance with the Education Law of the State of New York, Section 3635, applications that do not follow the guidelines below for transportation to non-public schools will not be approved.

- *Only fill out this form if you desire for your children to NOT attend the Jericho Schools, but instead attend a private or non-public school within 15 miles.*
- *This form is to be returned to the Jericho UFSD Transportation Office.*
- *First time applicants ONLY: Students must be registered with the school district by completing the Registration Application packet. Then, this form must be submitted* ***within 30 days of moving into your residence.***
- *Repeat applicants ONLY: This form must be filled out each year and received* ***by April 1 prior to the next school year*** *(ex. 4/1/2020 for 2020-21 school year, 4/1/2021 for 2021-22 school year).*

Non-public school buses are shared by the three elementary schools, middle school and high school and scheduled in the most direct and economical manner. Transportation will **not** be provided on the following days (unless Jericho UFSD is in session): Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and day after, Christmas Day, New Year's Day, Martin Luther King Day, President's Day and Memorial Day.

I request transportation for the student listed below:

Student Name_____ ☐ Male ☐ Female Birth Date ___/_____/_____

Street Address_____ Nearest Cross Street_____

Town/State/Zip Code_____ Phone No._____

Parent(s) Name(s)_____ Cell Phone No. _____ Email_____

Emergency Contact Name _____ Phone No. _____

School Name_____ School Phone No._____

Street Address_____ Principal_____

Town/State/Zip Code_____ Grade Entering_____

School Hours/Additional Dismissal Info (ex. half-days)_____

School of Last Attendance_____ Town/State/Zip Code_____

Will late bus service will be needed? _____Yes _____No *(Jericho requires 5 students to utilize service daily to schedule.)*

_____ ___/_____/_____

Parent / Guardian Signature Date

Manhasset Public Schools

Pupil Transportation Department

Kelly Fredrickson
Transportation Coordinator

December 2020

Dear Parents,

New York State Education Law and Manhasset Board of Education policy require that a parent or guardian of a resident student planning to attend a non-public school during the 2021-2022 school year who wishes to receive transportation services must submit an application for such services to their school district of residence on or before April 1st 2021. * Failure to submit such application prior to the April 1st deadline will result in a denial of the request for transportation. A new application requesting transportation must be submitted for each school year for each child attending a non-public school.

Transportation is provided for students enrolled in grades K-12 to non-public schools located within 15 miles of the student's residence. Kindergarten students must reach the age of five on or before December 1, 2021 to be eligible for transportation. A copy of the child's birth certificate must accompany the application for transportation for every kindergarten student.

Board of Education policy states that the Board will provide late bus transportation to resident students who engage in after-school programs at their school, when there are at least five (5) students utilizing such transportation service or when such service can be provided at no additional cost. For students attending non-public schools, late bus transportation must be requested on the annual Application for Transportation to a Non-Public School, due no later than April 1st preceding the beginning of the next school year.

Decisions regarding the provision of late bus service will be made each school year based upon the enrollment at each school and the number of students who will utilize late bus service.

In the event that late bus ridership falls below the minimum of five (5) students for ten (10) consecutive days, the run may be cancelled at the discretion of the District, no sooner than 10 days following written parental notification.

Transportation to non-public schools will not be provided prior to the first day of school for Manhasset Public Schools, and on the following days (or observance thereof) unless Manhasset Public Schools are in session: Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Presidents Day, Good Friday, and Memorial Day.

If Manhasset Public Schools are closed due to inclement weather, transportation to non-public schools will not be provided. If Manhasset Public Schools has a delayed opening, transportation to non-public schools is also delayed. Additional school closing and delayed opening information can be found in the Manhasset Public Schools Calendar / Handbook and on the District's web site **www.manhassetschools.org**

Please fill out the requested information on the enclosed application and return it to the address at the top of the form no later than April 1, 2021. Contact the Transportation Office at 516-267-7777 if you have any questions.

Sincerely,

Kelly Fredrickson
Transportation Coordinator

** Unless the family moves into the district after April 1, in which case the request must be made within 30 days of establishing residency.*

Manhasset Public Schools
Office of Pupil Transportation
200 Memorial Place
Manhasset, New York 11030

APPLICATION FOR TRANSPORTATION TO A NON PUBLIC SCHOOL 2021-2022

Student Information

Last Name	First Name	Grade (Sept 2020)	Date of Birth	Gender	Late Bus?
			___/___/___	M/F	Y/N
			___/___/___	M/F	Y/N
			___/___/___	M/F	Y/N

Note: *A birth certificate, baptismal certificate, or passport is required for kindergarten students*

Home Address _____ **Home phone #** _____

Move in Date: ____ /____ /____ ***New residents must provide proof of residency***

Homeowner:	Renter/Tenant:	Other:
___ Affidavit of Residency ___ Deed or Mortgage Statement or Tax Bill AND at least three (3) from the following list: ___ Electric Bill ___ Telephone Bill ___ Water Bill ___ Oil Bill ___ Cable Bill ___ Bank Statement	___ Affidavit of Residency ___ Lease/Rental Agreement ___ Owner/Lessor Affidavit AND at least three (3) from the following list: ___ Electric Bill ___ Telephone Bill ___ Water Bill ___ Oil Bill ___ Cable Bill ___ Bank Statement	___ Affidavit of Residency ___ Head of Household Affidavit ___ Deed, Mortgage Statement, Tax Bill, or Lease AND at least three (3) from the following list: ___ Electric Bill ___ Telephone Bill ___ Water Bill ___ Oil Bill ___ Cable Bill ___ Bank Statement

School Information

School Name _____ Phone Number (___)_____

Address_____ Town _____ Zip _____

School Hours _____ First Day of School ____ /____ /____

What school did student attend last school year (20/21)? _____

Parent/Guardian Information

Name _____ Name _____

Relationship to Student _____ Relationship to Student _____

Cell Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Work Phone (____) _____

Email _____ Email _____

In accordance with Section 3635 of the New York State Education Law, I hereby request transportation for the student named above. I acknowledge that I have read the statements regarding non-public school transportation on the first page of this form.

Parent Signature_____ Date ____/____/____

PORT WASHINGTON
Union Free School District

MICHAEL J. HYNES, Ed.D. 516-767-5005
Superintendent

ROBIN ALLEN
Transportation Supervisor

Administration Building
100 Campus Drive
Port Washington, NY 11050
516-767-5030
FAX 516-767-5033

Dear Parents,

Residents of the Port Washington School District whose children are planning to attend a non-public school must submit an **Application for Transportation** to the school district **on or before April 1, 2021.** Failure to submit the application prior to April 1st may jeopardize your ability to qualify for transportation. The eligibility guidelines for the Port Washington School District are as follows: K-5 more than ½ mile, 6-8 more than ¾ mile and 7-12 more than 1¼ mile. Transportation is not provided for a school over 15 miles from the residence.

Busing begins on the first day of the Port Washington School District calendar. Transportation **is not** provided on days the Port Washington Public Schools are not in session: Columbus Day, Veteran's Day, Thanksgiving Day, Christmas Day, New Year's Day, Martin Luther King Day, President's Day, Memorial Day and Labor Day. There is also **no bus service for orientation days**. Late buses will be provided only if there are five or more students who will be riding the late bus every day.

In the event of inclement weather which necessitates the closing of the Port Washington School District, there will be no transportation provided to schools out of the district. School closing information can be found on our website, Portnet.org

The Port Washington Transportation Application is the only acceptable form for transportation and must be completed each year for every student as required by law. It is the parent/guardian(s) responsibility to notify the Port Washington School District of any change of address and/or phone number or when transportation is no longer required.

Eligible children **must** be five years old no later than **December 1, 2021**. Public school age regulations govern all transportation eligibility. **All new students must register at our Central Registration at the Administrative Annex located at Avenue C, Port Washington. A registration packet can be obtained by calling 767-5470 or thru the district website at portnet.org and accessing the Parents and Students toolbar.**

Please fill in all the information on the application and return to the above address or via email to district_transportation@portnet.org no later than **APRIL 1, 2021.** If there are any questions, please contact the transportation office at 767-5030 between 8:00 am and 4:00 pm.

Sincerely,

Robin Allen
Transportation Supervisor

RA/mm

FAILURE TO SUBMIT THIS TRANSPORTATION REQUEST FORM ON OR BEFORE APRIL 1, 2021 COULD RESULT IN YOUR CHILD BEING INELIGIBLE FOR DISTRICT TRANSPORTATION FOR THE SCHOOL YEAR. IN THOSE CASES, THE COST AND THE ARRANGEMENT FOR TRANSPORTATION WILL BE THE PARENTAL RESPONSIBILITY.

(application on reverse side)

DUE APRIL 1, 2021

PORT WASHINGTON SCHOOL DISTRICT
APPLICATION FOR TRANSPORTATION TO A NON-PUBLIC SCHOOL
2021/2022

PLEASE PRINT

Student's Name _____
LAST NAME FIRST NAME

Address _____

Town _____ Zip Code _____

Telephone Number _____ Date of Birth _____/_____/_____

Grade in September 2021 _____ Male _____ Female _____

(Kindergarten students **must** register at Central Registration)

School Attending _____

Address _____

Town _____ Zip Code _____

Telephone Number _____ Fax Number _____

School Opening Date _____ School Hours _____
(Please include school calendar if available).

Father's Name _____ Cell # _____ Work # _____ Email _____

Mother's Name _____ Cell # _____ Work # _____ Email _____

Emergency Contact Person _____ Emergency Phone # _____

Additional Information/Comments: _____

_____

I acknowledge that I have read all statements and completed all information on both sides of this transportation request form and request transportation under Section 3635 of the New York State Education Law.

Parent Signature _____ Date _____