

Return to:

CITY SCHOOL DISTRICT OF NEW ROCHELLE

Office of Transportation
515 North Avenue
New Rochelle, New York 10801

2021-2022 APPLICATION FOR PUPIL TRANSPORTATION TO NON-PUBLIC SCHOOLS

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Transportation to and from an approved bus stop is provided for pupils in **Grades K-5** whose residence is **1.5** miles or greater, but not more than 10 miles from the school the child attends. ***Bus stops will be clustered, located at central locations, including various public schools and facilities.*** Applications are due April 1st, and must be filed **annually**. All applications filed after April 1 will not be approved FOR ANY REASON if the school district incurs additional expense to transport. Residents must submit a new application if (1) they change their address within New Rochelle, or (2) the student's school is changed after the April 1st deadline. New residents have 30 days to apply. Use a separate application form for each child. A kindergarten child must be five years of age as of December 31st of the school year in which transportation is provided. Childcare or Religious Instruction transportation is **not** provided for schools located outside of the City of New Rochelle.

Does the student have an IEP: YES NO

PROOF OF RESIDENCY: **A minimum of two proofs is required and must be submitted annually.** (dated within the last two months)
Must be presented in the parent/guardian's name: 1) utility bill, 2) bank statement, 3) charge account bill, 4) cancelled rent check.

PROOF OF AGE: (only birth certificate or passport acceptable) must be submitted with all new transportation applications.

TRANSPORTATION INFORMATION: Notification will be mailed in August for approved applicants

****Note:** Please print required information in all the blank spaces below. Omissions may delay processing.

TRANSPORTATION REQUEST (circle one): AM ONLY PM ONLY BOTH

Ethnicity: American Indian/Alaska Native__Asian__Black/African American__Hispanic/Latino__Native Hawaiian/Pacific Islander__White__

STUDENT INFORMATION

Birthdate:_____ Sex:_____ Grade (SEPT 2021): K 01 02 03 04 05

SCHOOL INFORMATION

Name of School:_____ Phone:_____

Address of School:_____

Name of Principal:_____ Session Hours: AM_____ PM_____ Early dismissal:_____

PARENT/LEGAL GUARDIAN INFORMATION

Title: (circle one) Dr. Mr. Mrs. Ms. Mr. & Mrs.

Parent/Guardian_____

Signature (Mother, Father, or Guardian)_____ Relationship to Student:_____

Home Phone:_____ Mobile Phone_____ E-Mail:_____

Signature (Mother, Father, or Guardian)_____ Relationship to Student:_____

Emergency Contact (other than parent or legal/custodial guardian)

Contact Name:_____ Phone:_____