



GREENVILLE

CENTRAL SCHOOL DISTRICT

International Baccalaureate District

Private School Transportation Request

Dear Parents:

Enclosed is the form that needs to be completed for all students that are transported to a private school for the coming school year. Parents must request Greenville Central School District to provide transportation for students that attend a private school. Students must live within a 15-mile limit from your home to the private school to be eligible for transport. **NYS Education Law requires this form be postmarked by April 1st to accept the request.** We are requesting the principal of the private school sign the enclosed form to verify that the student is enrolled for the coming year.

Notice of status of approval for transportation to a private school will be sent to you in writing.

Transportation for private schools will follow the Greenville Central School calendar. When Greenville Central School is closed, delayed, or closed early for any emergency or weather related event, transportation for private schools will follow the Greenville Central School District schedule.

Sincerely,

Lynette Terrell
Registrar
Ext. 305

Mary Judeikis
Transportation Supervisor
Ext. 463

Enclosure



Greenville Central School

P.O. Box 129
Greenville, NY 12083

(518) 966-5070

Name of Private School:_____

Address of Private School:_____

Private School Principal Signiture:_____

Private School Telephone Number:_____



GREENVILLE
CENTRAL SCHOOL DISTRICT

Greenville, NY 12083
(518) 966-5070 ext. 305
Fax: (518) 966-6033

For Office Use Only					
Enroll Date: _____	Proofs of Residence _____				
Immunization: Y or N	Proof of Age: Y or N	Other: _____			
Student ID#: _____					
Home School	ES	MS	HS	Restrictions: _____	

STUDENT ENROLLMENT FORM

The information on this form is very important. **PLEASE PRINT CLEARLY.**

Student Name: _____ M or F _____ Grade Entering: _____
(Last First Middle initial) (Circle one)

Date of Birth: _____ Birthplace: _____

County of Residence: _____

Ethnic category (choose all that apply): ☐ Caucasian ☐ American Indian/Alaskan Native ☐ Pacific Islander
(Optional) ☐ Asian ☐ Black (Non-Hispanic) ☐ Hispanic

Physical Address: _____
(Number) (Street) (Town) (Zip Code)

Transportation information:

Exact location of residence with a brief description including color and type of house.

Please remember that transportation will be based on the information you have provided, so please be specific. If your child requires daycare transportation please fill out the Elementary School Sitter Transportation Request form.

Mailing Address (if different and/or P.O. Box): _____

Previous School District Attended: _____

Previous Home Address: _____

Has your child ever been retained? Yes or No If Yes, What Grade? _____

Has your child ever attended Greenville Central School? Yes or No If Yes, When? _____ Grade _____

Name(s) of Brothers and Sisters (Attach additional sheet if needed.)

Name (Last, First, Middle)	M or F	Birth date (m/d/yy)	Birthplace	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are there any restricted releases for this child? (Documentation required. Please attach.) _____

If your child has received special education services or accommodation through an Individualized Education Program (IEP) or a Section 504, please sign consent for the release of special education records so that special education services can begin as soon as possible.

Consent for release of special education records signed? ☐ Yes ☐ No

Parent /Guardian 1 Name: Dr./Mr./Ms. _____
(Last First Middle initial)

Relationship to student: _____

Address (if different from student): _____

Lives with Student ☐ Has Custody of Student ☐ Should Receive Student Mailings ☐

Telephones:

Home: _____ Work: _____ Cell : _____

E-mail Address: _____

Employer's Name: _____

Work Address: _____

Parent/Guardian 2 Name: Dr./Mr./Ms. _____
(Last First Middle initial)

Relationship to student: _____

Address (if different from student): _____

Lives with Student ☐ Has Custody of Student ☐ Should Receive Student Mailings ☐

Telephones:

Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Employer's Name: _____

Work Address: _____

If parent/guardian cannot be reached

Emergency Contact 1 Name: Dr./Mr./Ms. _____
(Last name, First name, Middle initial)

Relationship to student: _____

Address (if different from student): _____

Employer's Name and Address: _____

Telephones

Home: _____ Work: _____ Cell: _____

Emergency Contact 2 Name: Dr./Mr./Ms. _____
(Last name, First name, Middle initial)

Relationship to student: _____

Address (if different from student): _____

Employer's Name and Address: _____

Telephones

Home: _____ Work: _____ Cell: _____