

FAIRPORT CENTRAL SCHOOL DISTRICT

Transportation Department
860 Ayrault Road, Fairport, NY 14450
585-421-2025 • FAX 585-421-1982

2017-18 ~ Application for Transportation to Non-Public Schools

Requests may be denied if form is incomplete or late

DIRECTIONS (PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION)

- Forms must be received in Transportation Office no later than **April 1st** of the preceding school year.
- Your child must be school age to be eligible for transportation (age 5 by December 1, 2017)
- A separate Application for Transportation form must be submitted for **each** child attending a Non-Public School.
- This form must be signed by the Principal of the school your child will be attending (**bottom section of this form**).

NOTE: FAIRPORT DOES NOT TRANSPORT STUDENTS ON SCHEDULED SUPERINTENDENT'S CONFERENCE DAYS.

Refer to Fairport Central School District Calendar 2017-18 at www.fairport.org after May 1, 2017.

Name of Student (First) _____ (Last) _____ (Date of Birth) _____
Name of School St. Louis School Address of School 11 Rand Place, Pittsford NY 14534
Grade in September 2017 _____ Kindergarten: AM K _____ PM K _____ Full Day K _____
We request busing: Both AM & PM _____ AM only _____ PM only _____

Other children in household (birth through 12th grade only):

Full Name (first & last)	Date of Birth	School Attending

Forms must be received in the Transportation Office no later than April 1st of the preceding school year.

IF YOU ARE FILING LATE, INCLUDE A REASONABLE EXPLANATION ON LINE BELOW. (NYS Law Section 3635-2)


REASON LATE: _____

Parent/Guardian Name _____
Phone (Home#) _____ (Cell#) _____ (Email) _____
I confirm that my child resides at the address below and request transportation to and from the school listed above:
Address (Street) _____ (Town) _____ (Zip) _____
(A Childcare Transportation Form is also required if student will go from/to childcare at a location other than home.)

Parent or Guardian Signature _____ Date _____

THIS SECTION MUST BE COMPLETED AND SIGNED BY PRINCIPAL

I certify that the above-named child plans to enroll for the 2017-18 school year, in the grade level and school indicated above.

 *Fran Barr* _____ *3/2017* _____
Principal Signature _____ Date _____

School/Address 11 Rand Place, Pittsford NY 14534

Phone 585-586-5200 School Hours 8:45 - 3:00, Early Dismissal 11:45

(Include Kindergarten session times & early dismissal times)

For Office Use: Transportation Census & Attendance Parent