



REQUEST FOR TRANSPORTATION PRIVATE / PAROCHIAL SCHOOL

Request for Transportation for school year: 20__-20__

☐ A.M. ☐ P.M.

This form has been prepared to facilitate the submission of formal request for the transportation of resident students to public, parochial or private school in accordance with Section 3635 of the New York State Education Law. **Current residents must file their request prior to May 1st.** New residents entering the District after May 1st. May submit requests within 30 days following their entry into the District.

ELIGIBLE STUDENTS FOR TRANSPORTATION

Grades Kindergarten - 5th grade - must live more than one (1) mile from the school to be eligible for transportation.

Grades 6th - 8th - must live more than one and five-tenths (1.5) miles from the school to be eligible for transportation.

Grades 9th - 12th - must live more than two (2) miles from the school to be eligible for transportation.

****Attendance for Private/Parochial schools must be 5 days a week, Monday thru Friday**

**PLEASE ONLY INCLUDE CHILDREN WHO ATTEND THE SAME SCHOOL.
USE A NEW SHEET IF YOU HAVE CHILDREN WHO ATTEND A DIFFERENT SCHOOL.**

1. Student's Name:	_____	Date of Birth	_____	Grade	_____
2. Student's Name:	_____	Date of Birth	_____	Grade	_____
3. Student's Name:	_____	Date of Birth	_____	Grade	_____
4. Student's Name:	_____	Date of Birth	_____	Grade	_____

Student's Legal
Residence:

School Students
Attend

By signing this document, I hereby request that the Binghamton
City School District furnish transportation to the above school:

Your typed name will suffice if you are filling out this form on a computer.

Parent/Guardian: _____ Relationship
to Student: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Additional Phone: _____ ☐ Check if same
address as student

Parent/Guardian: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Additional Phone: _____ ☐ Check if same
address as student

Please include an emergency contact in case we can't reach you in an emergency:

Emergency Contact: _____ Phone : _____

This form is to be turned in to your student's school.

We ask the school to mail it to the Binghamton City School District, Pupil Services, 98 Oak St, Binghamton, NY 13905

Or it can be emailed to Kolosnaa@binghamtonschoools.org or faxed to (607) 762-8142

THIS FORM IS FOR BINGHAMTON CITY SCHOOL DISTRICT RESIDENTS ONLY