



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 1<sup>st</sup>.** New residents entering the District after May 1<sup>st</sup>. 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@binghamtonschools.org](mailto:Kolosnaa@binghamtonschools.org) or faxed to (607) 762-8142

**THIS FORM IS FOR BINGHAMTON CITY SCHOOL DISTRICT RESIDENTS ONLY**