

# Croton-Harmon U.F.S.D.

10 Gerstein St, Croton on Hudson, NY 10520 (914)271-4675

## 2021-2022 SCHOOL YEAR

### ANNUAL REQUEST FOR TRANSPORTATION TO A NON-PUBLIC SCHOOL

New York State Education Law requires a written request for transportation to a non-public school be filed each year for each child **no later than April 1, 2021** to be eligible for transportation for the following year.

**Note: To be eligible for transportation student must be 5 years old prior to December 1<sup>st</sup>.**

Name of School Requested \_\_\_\_\_

Street Address of School \_\_\_\_\_

Previous School \_\_\_\_\_

I need the bus in the AM \_\_\_\_ I need the bus in the PM \_\_\_\_ I need both AM & PM \_\_\_\_

**Students Name** \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age as of 12/1/21 \_\_\_\_\_ Grade student is entering \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

(Please Print)

Address of Home \_\_\_\_\_

Town & Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Allergies/Health issues (confidential): \_\_\_\_\_

Emergency Contact Name and # \_\_\_\_\_

(Must be a Croton resident)

#### Please Mail or Fax to:

TRANSPORTATION DEPT  
CROTON-HARMON U.F.S.D.

10 GERSTEIN ST

CROTON ON HUDSON, NY 10520

Fax (914)271-4512

Parent/Guardian \_\_\_\_\_

(Signature)

Today's Date \_\_\_\_\_

**REMEMBER: YOU MUST FILE NO LATER THAN APRIL 1, 2021**

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## APPLICATION FOR DAYCARE or BABYSITTING TRANSPORTATION

PLEASE FILL OUT THE INFORMATION BELOW AND MAIL THIS FORM TO THE  
CROTON-HARMON U.F.S.D. TRANSPORTATION DEPT.

10 GERSTEIN ST, CROTON ON HUDSON, NY 10520 OR FAX (914) 271-4512

STUDENT'S NAME \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

DAYCARE/BABYSITTER'S NAME \_\_\_\_\_

DAYCARE/BABYSITTER'S ADDRESS \_\_\_\_\_

DAYCARE/BABYSITTER'S Phone No. \_\_\_\_\_

Contact person at program \_\_\_\_\_

Please check the days you need:

MON		TUES		WED		THURS		FRI	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

PARENT/GUARDIAN NAME \_\_\_\_\_

(PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

HOME No. \_\_\_\_\_ CELL No. \_\_\_\_\_

EMERGENCY No. \_\_\_\_\_

