

TACONIC HILLS CENTRAL SCHOOL DISTRICT

73 County Route 11A
Craryville, NY 12521

Telephone (518) 325-2870

Fax (518) 325-2874

PAROCHIAL/PRIVATE SCHOOL TRANSPORTATION/ATTENDANCE FORM

Applications for school transportation for the year for pupils residing in the Taconic Hills Central School District to parochial/private schools must be filed on or before April 1st, (except where a family moves into the district after April 2, in which case applications must be made within 30 days after establishing residence in the district). There is a fifteen-mile maximum distance from the students address to the school for students attending parochial/private schools.

ANY FORMS NOT RECIEVED BY April 1st, WILL NOT BE PROCESSED UNTIL AFTER THE START OF THE SCHOOL YEAR.

It should be noted that even thought the District is now transporting a pupil, a new application must be submitted if transportation is again desired for the next school year. Forms must be submitted to the Transportation Department before service can be provided.

PLEASE COMPLETE A SEPARATE SHEET FOR EACH SCHOOL IF YOU HAVE MORE THAN ONE CHILD AND THEY ATTEND DIFFERENT SCHOOLS.

To: Board of Education, Taconic Hills Central School District

Inasmuch as I am a resident of the Taconic Hills Central School District, I hereby request transportation for my child(ren) to and from the school attended as follows:

PLEASE PRINT

School attending: _____ School hours: _____

Expectation (please check one): Parent transport Ride bus

Child's name _____ Grade _____

Home address _____ Home telephone _____

(Transportation will be to and from home unless otherwise specified in alternate transportation form.)

Father's name _____ Telephone (H) _____ (W) _____

Mother's name _____ Telephone (H) _____ (W) _____

If new resident, date of residence: _____

Emergency contact information (in the event we are unable to contact parent(s)):

Name: _____ Telephone (H) _____ (W) _____

Address: _____

Daycare information (if applicable):

Provider's Name: _____

(**PLEASE CHECK ONE**)
 AM only PM only AM & PM

Address: _____

Telephone: _____

Parent/Guardian Signature: _____ Date: _____

Mail, fax or deliver completed form to the Transportation Department
email: rviebrock@taconichills.k12.ny.us