

**Long Beach Public Schools****Transportation Department**

659 Lido Boulevard,

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**Mr. William Callahan***Transportation Supervisor***PRIVATE SCHOOL TRANSPORTATION APPLICATION**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                                                                                                                          |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| NAME OF SCHOOL ATTENDING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                                                                                          | GRADE: (K – 12) |
| SCHOOL ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | SCHOOL BELL HOURS:                                                                                                                       | FRIDAYS PM:     |
| STUDENT'S NAME: (Last, First, MI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | SCHOOL START DATE:                                                                                                                       |                 |
| STUDENT ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | LATE BUS REQUESTED:                                                                                                                      | TIME:           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | YES                                                                                                                                      | NO              |
| LAST YEAR'S SCHOOL OF ATTENDANCE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | GRADE:                                                                                                                                   |                 |
| GENDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE OF BIRTH: | IS STUDENT REGISTERED WITH LONG BEACH UFSD?<br>If No: Contact Lisa Marry at<br>Registrar's office at the Lindell<br>School. 516-897-2212 | HOME PHONE:     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | YES                                                                                                                                      | NO              |
| <b><u>PERSONS IN GUARDIANSHIP AT THIS ADDRESS</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                                                                                          |                 |
| MOTHER/LEGAL GUARDIAN'S NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | EMAIL ADDRESS:                                                                                                                           | PHONE:          |
| FATHER/LEGAL GUARDIAN'S NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | EMAIL ADDRESS:                                                                                                                           | PHONE:          |
| <b><u>EMERGENCY CONTACTS</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                          |                 |
| NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | RELATIONSHIP:                                                                                                                            | PHONE:          |
| NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | RELATIONSHIP:                                                                                                                            | PHONE:          |
| PHYSICIAN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                                                                                                                                          | PHONE:          |
| <b><u>Transportation will only be provided under the following conditions:</u></b><br>1. Your child must be registered at the Long Beach district registration office.<br>2. Your child must be five years of age by December 1 <sup>st</sup> of the year in which they are attending school.<br>3. The distance between home and the school of choice is within 15 miles.<br>4. If transportation is approved, a bus stop will be assigned by the district <b>(No house stops)</b> .<br>5. If any of the above completed information changes corrections must be made to the Registration office and Transportation office immediately.<br><br><b>Please Email to: <a href="mailto:forms-transp@lbeach.org">forms-transp@lbeach.org</a> BY APRIL 1<sup>ST</sup>!</b> |                |                                                                                                                                          |                 |
| I certify that the above information is correct and understand all of the above eligibility conditions. If any of the information above is not accurate or if the above stated conditions have not been met, transportation services will be revoked.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                                                                                          |                 |
| Parent/Legal Guardian's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                                                                                                                          | Date:           |