Long Beach Public Schools
Transportation Department
659 Lido Boulevard,
Lido Beach, NY 11561
P: (516) 897-2132
www.lbeach.org

Please Email to privateschool@lbeach.org by APRIL 1ST, 2017

Please fill out electronically by typing information and hit 'Send' button.

2017-18 PRIVATE SCHOOL TRANSPORTATION APPLICATION

SEND

NAME OF SCHOOL ATTENDING:			GRADE: (Pre-K – 12)
SCHOOL ADDRESS:		SCHOOL BELL HOURS:	FRIDAYS PM:
STUDENT'S NAME: (Last, First, MI)			SCHOOL START DATE 2017:
STUDENT ADDRESS:			LATE BUS REQUESTED: TIME: YES ☐ NO ☐
GENDER:	DATE OF BIRTH:	IS STUDENT REGISTERED WITH LONG BEACH UFSD? YES ☐ NO ☐	HOME PHONE:

PERSONS IN GUARDIANSHIP AT THIS ADDRESS

MOTHER/LEGAL GUARDIAN'S NAME:	EMAIL ADDRESS:	CELL PHONE #:
FATHER/LEGAL GUARDIAN'S NAME:	EMAIL ADDRESS:	CELL PHONE #:

EMERGENCY CONTACTS

NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
PHYSICIAN:		PHONE:
LAST YEARS SCHOOL OF ATTENDANCE (2016-17)		GRADE:

Transportation will only be provided under the following conditions:

1. The distance between home and the school of choice is 15 miles or less.
2. If transportation is approved, a central pick-up point will be assigned by the district **(No house stops)**.

I certify that the above information is correct and true to my knowledge. I understand that an application for services for a student who is not a registered resident of the Long Beach UFSD will result in revocation of application. I also agree to promptly notify the Long Beach UFSD of all changes to residency or custodianship of this student (Contact Lisa Marry 897-2212). I understand that it is my obligation to submit an application form to transportation annually **ON OR BEFORE APRIL 1ST** for **EACH** child for whom transportation is requested. In the **ABSENCE OF A TIMELY APPLICATION, BUSING MAY NOT BE PROVIDED.**

Please attach School Calendar

Parent/Legal Guardian's Signature:	Date:
Received By:	Date Received: