



Long Beach Public Schools
Transportation Department
659 Lido Boulevard,
Lido Beach, NY 11561
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www.lbeach.org

Mr. David Weiss
Superintendent of Schools

Dr. Michele Natali
Executive Director-Office of Human Resources

Mr. Michael I. DeVito, Esq.
Chief Operating Officer

Mr. Christopher Malone
Transportation Supervisor

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

Please fill out form by typing in information then hit SEND

2017-18 PRIVATE SCHOOL TRANSPORTATION APPLICATION

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? If NO: Contact Lisa Marry at Registrar's office at the Lindell School. 516-897-2212	HOME PHONE:
		YES	NO
<u>PERSONS IN GUARDIANSHIP AT THIS ADDRESS</u>			
MOTHER/LEGAL GUARDIAN'S NAME:		EMAIL ADDRESS:	CELL PHONE #:
FATHER/LEGAL GUARDIAN'S NAME:		EMAIL ADDRESS:	CELL PHONE #:
<u>EMERGENCY CONTACTS</u>			
NAME:		RELATIONSHIP:	PHONE:
NAME:		RELATIONSHIP:	PHONE:
PHYSICIAN:		PHONE:	
LAST YEARS SCHOOL OF ATTENDANCE (2016-17)		GRADE:	
<u>Transportation will only be provided under the following conditions:</u> 1. Your child must be registered and Proof of Residency has been established at the registration office. 2. If transportation is approved, a central pick-up point will be assigned by the district (No house stops) . 3. Your child must be five years of age by December 1 st , 2017. 4. The distance between home and the school of choice is 15 miles or less.			
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 <u>ON OR BEFORE APRIL 1ST</u> for <u>EACH</u> child for whom transportation is requested. In the <u>ABSENCE OF A TIMELY APPLICATION, BUSING MAY NOT BE PROVIDED.</u> Please attach School Calendar			
Parent/Legal Guardian's Signature:			Date:
Received By:			Date Received: