



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 1st, 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: