

FAIRPORT CENTRAL SCHOOL DISTRICT

Transportation Department
860 Ayrault Road, Fairport, NY 14450
585-421-2025 • FAX 585-421-1982

2016-17 ~ Application for Transportation to Non-Public Schools

Requests may be denied if form is incomplete or late

DIRECTIONS (PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION)

1. Your child must be school age to be eligible for transportation (age 5 by December 1, 2016)
2. A separate Application for Transportation form must be submitted for each child attending a Non-Public School.
3. This form must be signed by the Principal of the school your child will be attending (**bottom section of this form**).
4. Forms must be received by us no later than April 1st of the preceding school year.

NOTE: FAIRPORT DOES NOT TRANSPORT STUDENTS ON SCHEDULED SUPERINTENDENT'S CONFERENCE DAYS.
Refer to Fairport Central School District Calendar 2016-17 at www.fairport.org after May 1, 2016.

IF YOU ARE FILING LATE, INCLUDE A REASONABLE EXPLANATION ON LINE BELOW. (NYS Law Section 3635-2)

REASON LATE: _____

Name of Student (First) _____ (Last) _____ (Date of Birth) _____

Name of School _____ Address of School _____

Grade student will be attending September 2016 (circle one)

AM K	PM K	Full Day K	1	2	3	4	5	6	7	8	9	10	11	12
---------	---------	---------------	---	---	---	---	---	---	---	---	---	----	----	----

Other children in household (birth through 12th grade only):

Full Name (first & last)	Date of Birth	School Attending

Parent/Guardian Name _____

Phone (Home#) _____ (Cell#) _____ (Email) _____

We/I confirm that our residence is located at:


Address (Street) _____ (Town) _____ (Zip) _____

We/I request transportation for our child, residing at the same address, to and from the school indicated above.

Parent or Guardian Signature _____ Date _____

THIS SECTION MUST BE COMPLETED AND SIGNED BY PRINCIPAL

I certify that the above-named child plans to enroll in (Name of School) St. Louis School
for the 2016-17 school year, in the grade level indicated above.

 Fran Barr
Principal Signature _____ Date _____

School Address 11 Rand Place, Pittsford, NY 14534

Phone 586-5200 School Hours 8:45 - 3:05

(Include Kindergarten session times & early dismissal times)

Distribution: Transportation Census & Attendance Parent