

**NEWFIELD CENTRAL SCHOOL DISTRICT
REQUEST FOR SPECIAL TRANSPORTATION
TO A NON-PUBLIC OR CHARTER SCHOOL**

We hereby request transportation for our child/children for the 2018 - 19 school year to:

<u>Elizabeth Ann Clune Montessori School of Ithaca</u> (Name of School)	<u>120 E. King Rd</u> (Full Address of School)
<u>Ithaca, NY</u> (City)	<u>Laura Gottfried, Principal</u> (Administrator)
<u>607-277-7335</u> (Phone Number)	<u>admin@eacmsi.org</u> (Email Address)

CHILD/CHILDREN TO BE TRANSPORTED - INFORMATION:

Name of Child	Birthdate	Grade in School
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

School day begins at: 8:30 AM and ends at: 3:00 PM

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Legal Residence: _____ City/Zip: _____

Mailing Address: _____ City/Zip: _____

County: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Address: _____ City/Zip: _____

Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Address: _____ City/Zip: _____

DETAILED DIRECTION TO YOUR HOME: Example – (1001 Rabbit Run) Rte 96, Right onto Rabbit Run Rd., 3rd house on the Right. White house w/ blue shutters and red front door

NOTE: The law mandates that the Legal Residence of your children must be within 15 miles of the Private School by the shortest public highways which can be traveled. Best mileage by your calculations to the Private School: _____

Have your children been previously approved for transportation to Private School? _____

Has transportation been denied for your children in a previous year? _____
Reason: _____

IF YOU ARE NEW TO THE NEWFIELD CENTRAL SCHOOL DISTRICT, PLEASE PROVIDE THE FOLLOWING :

- Two Proofs of Residency
 - Electric bill
 - Phone bill
 - Lease
 - Other _____

This request MUST be completed (incomplete forms may be returned to sender) and received at the District Office of the Newfield Central School District by April 1st for the following school year OR within two weeks of moving into the District. Late requests may be considered IF THERE IS NO ADDITIONAL COST TO THE DISTRICT.

(Signature of Parent)

(Date)

FOR OFFICE USE ONLY:

DATE RECD: _____ TIMELY? _____ IF NO, ROOM ON EXISTING BUS? _____ APPROVED BY BOE? _____