REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS FOR 2020 - 2021

Hendrick Hudson School District
61 Trolley Road
Montrose, New York 10548

Today's Date: _____

Dear Director of Transportation: In accordance with the laws of the State of New York, I hereby formally request transportation for:

_____ _____
Name of Student Student's Date of Birth

_____ _____
Name of School Attending Address of School Attending

It is the parent's responsibility to have this form completed and filed with the Hendrick Hudson Transportation Department before April 1, 2020. This transportation is provided to Hendrick Hudson School District residents that meet NYSED eligibility requirements. If you are not on the Hendrick Hudson School District census, please make an appointment with our Registrar, Ms. Debby Marriott (257-5119) as soon as possible to prove residency. More information can be found at www.henhudschools.org/For Parents/Student Registration.

According to New York State Education Law, Section 3604, school districts are not required to provide transportation on certain legal holidays. Also, there will not be transportation when Hendrick Hudson School District is closed for school holidays, school breaks and/or school closures due to weather. Please check our calendar on the web (www.henhudschools.org) so you can plan accordingly throughout the school year.

In accordance with Hendrick Hudson School District policy all children must be five (5) years of age on/or before December 1st to be eligible for transportation.

Transportation is requested for (please indicate "Will Call"***** if applicable): AM & PM _____ AM only_____ PM only_____
*****Will Call is a term given to any student who will not be using Hen Hud transportation regularly.

The pupil for whom I am requesting transportation is _____ years of age, will enter the _____ grade in September and resides at:

_____
Home Address of Student

_____
Parent/Guardian Email Address (Print Very Clearly)

(Home)_____(Cell)_____ _____
Home Telephone and Cell Phone Signature of Parent or Guardian

_____ _____
Emergency Contact Person (Print Name) Emergency Contact Telephone Number

The following is to be filled out by the School Principal of the school student will be attending:

**Student: _____ is enrolled at the above school for the 2020 - 2021 school year.

_____ _____
School Hours Signature of Principal of School Attending

****NOTE: A separate form must be completed for each child requesting transportation.**

RETURN TO: **ELIZABETH GILLEO, DIRECTOR OF TRANSPORTATION**
HENDRICK HUDSON SCHOOL DISTRICT
61 TROLLEY ROAD, MONTROSE, NEW YORK 10548
Telephone: (914) 257-5200 Fax: (914) 257-5201