

Haldane Central School District
Transportation Department
15 Craigside Drive
Cold Spring, NY 10516
845-265-9254 x171
FAX 845-265-2961

**PRIVATE AND PAROCHIAL SCHOOL
TRANSPORTATION APPLICATION**

In accordance with the Laws of the State of New York, I hereby formally request transportation for my child who will attend the _____ school in the _____ school year.

Student Name: _____

Student Home Address: _____ Town/City/Zip: _____

Home Phone: _____ Other Emergency Phone: _____

Date of Birth: _____ Grade Entering: _____

School attended by your child in the previous school year: _____

**Please remember that the Haldane Central School District does not transport to
Private & Parochial Schools on days when our District is closed for students.**

A request must be completed for each student and submitted on or before **April 1** as determined by Education Law Section 3635. To be eligible for service, all students must be registered with the Haldane Central School District and must meet the same requirements as students attending the Haldane Central School District. New residents have 30 days from establishing residency to submit this application.

Parent/Guardian Signature _____ Date ____/____/____

School Official Signature _____ Date ____/____/____

-----Below for District Use Only-----

Date form received in Transportation: _____ Received by: _____

Is the student registered in the District? Yes _____ No _____

Transportation approved? Yes _____ No _____

Date letter sent: _____