

2024/25

# TRANSPORTATION SERVICES REQUEST FORM

## LANSINGBURGH CENTRAL SCHOOL DISTRICT

\*\*\*\*\* REQUEST MUST BE COMPLETED AND RECEIVED  
BY DISTRICT OFFICE BEFORE APRIL 1st, 2024\*\*\*\*\*

To: Attn: Registration / Transportation  
Lansingburgh Central School District  
55 New Turnpike rd  
Troy, New York 12182

From:  
Parent/Guardian Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street Apt # or Floor #  
City State Zip Code

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Application is hereby made for transportation in accordance with Section 3635 of the Education Law of the State of New York and the transportation policy of this school district for:

STUDENT NAME: \_\_\_\_\_  
(A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH STUDENT)

STUDENT ADDRESS: \_\_\_\_\_

TRANSPORTATION REQUEST TO: \_\_\_\_\_  
(School Name)

Students Grade When Transportation Starts: UPK K 1 2 3 4 5 6 7 8 9 10 11 12 (Circle One)

✓ Check One that applies to you.

Returning Student  OR New To District Student  Move In Date Required: \_\_\_/\_\_\_/\_\_\_

School of Previous Attendance: \_\_\_\_\_

I hereby certify that the above named student is a resident of Lansingburgh Central School District, and that he/she resides within the established transportation limits, and less than 15 miles from the school in which he/she is legally enrolled. I further certify that I consider this student to be entitled to transportation in accordance with the Education Law of the State of New York, and with the transportation policy of this school district.

I hereby also agree that, in the event transportation is furnished on the basis of any erroneous statement in this application, refund will be made to the Board of Education upon its request for payment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of  Parent  Guardian

NOTES/COMMENTS:

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**(For Office Use Only)**

DISAPPROVED [ ] APPROVED [ ]

EFFECTIVE DATE: \_\_\_\_\_

Registration Verified: \_\_\_\_\_

Proof of Residency: \_\_\_\_\_

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