



Manhasset Public Schools

[Pupil Transportation Department](#)

Kelly Fredrickson
Transportation Coordinator

January 2024

Dear Parents,

New York State Education Law and Manhasset Board of Education policy require that a parent or guardian of a resident student planning to attend a non-public school during the 2024-2025 school year who wishes to receive transportation services must submit a written application for such services to their school district of residence on or before April 1st, 2024. * Failure to submit such application prior to the April 1st deadline will result in a denial of the request for transportation. A new application requesting transportation must be submitted for each school year for each child attending a non-public school.

Transportation is provided for students enrolled in grades K-12 to non-public schools located within 15 miles of the student's residence. Students in grades 7-12 must live more than 1 mile from the school they attend to be eligible for transportation services. Kindergarten students must reach the age of five on or before December 1, 2024, to be eligible for transportation. A copy of the child's birth certificate must accompany the application for transportation for every kindergarten student.

Board of Education policy states that the Board will provide late bus transportation to resident students who engage in after-school programs at their school, when there are at least five (5) students utilizing such transportation service or when such service can be provided at no additional cost. For students attending non-public schools, late bus transportation must be requested on the annual Application for Transportation to a Non-Public School, due no later than April 1st preceding the beginning of the next school year.

Decisions regarding the provision of late bus service will be made each school year based upon the enrollment at each school and the number of students who will utilize late bus service. In the event that late bus ridership falls below the minimum of five (5) students for ten (10) consecutive days, the run may be cancelled at the discretion of the District, no sooner than 10 days following written parental notification.

Transportation to non-public schools will not be provided prior to the first day of school for Manhasset Public Schools, and on the following days (or observance thereof) unless Manhasset Public Schools are in session: Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Presidents Day, Good Friday, and Memorial Day.

If Manhasset Public Schools are closed due to inclement weather, transportation to non-public schools will not be provided. If Manhasset Public Schools has a delayed opening, transportation to non-public schools is also delayed. Additional school closing and delayed opening information can be found in the Manhasset Public Schools Calendar and on the District's web site www.manhassetsschools.org

Please fill out the requested information on the enclosed application and return it to the address at the top of the form **no later than April 1, 2024**. Contact the Transportation Office at 516-267-7777 if you have any questions.

Sincerely,

Kelly Fredrickson
Transportation Coordinator

** Unless the family moves into the district after April 1, in which case the request must be made within 30 days of establishing residency.*

Manhasset Public Schools
Office of Pupil Transportation
200 Memorial Place
Manhasset, New York 11030

APPLICATION FOR TRANSPORTATION TO A NON-PUBLIC SCHOOL 2024-2025

Student Information

Last Name	First Name	Grade (Sept 2024)	Date of Birth* ____/____/____	M/F	Y/N
Last Name	First Name	Grade (Sept 2024)	Date of Birth* ____/____/____	M/F	Y/N
Last Name	First Name	Grade (Sept 2024)	Date of Birth* ____/____/____	M/F	Y/N

**Note: A birth certificate, baptismal certificate, or passport is required for kindergarten students*

Home Address _____ **Home phone #** _____

Move in Date: ____ / ____ / ____

New residents must provide proof of residency. Contact the Transportation Office to obtain the necessary Forms

<u>Homeowner:</u>	<u>Renter/Tenant:</u>	<u>Other:</u>
<input type="checkbox"/> Affidavit of Residency <input type="checkbox"/> Deed or Mortgage Statement or Tax Bill AND at least three (3) from the following list: <input type="checkbox"/> Electric Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Oil Bill <input type="checkbox"/> Cable Bill <input type="checkbox"/> Bank Statement	<input type="checkbox"/> Affidavit of Residency <input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Owner/Lessor Affidavit AND at least three (3) from the following list: <input type="checkbox"/> Electric Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Oil Bill <input type="checkbox"/> Cable Bill <input type="checkbox"/> Bank Statement	<input type="checkbox"/> Affidavit of Residency <input type="checkbox"/> Head of Household Affidavit <input type="checkbox"/> Deed, Mortgage Statement, Tax Bill, or Lease AND at least three (3) from the following list: <input type="checkbox"/> Electric Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Oil Bill <input type="checkbox"/> Cable Bill <input type="checkbox"/> Bank Statement

School Information

School Name _____ Phone Number (____) _____

Address _____ Town _____ Zip _____

School Hours ____ a.m.- ____ p.m. First Day of School: 9 / ____ / 2024

What school did student attend last school year (23/24)? _____

Parent/Guardian Information

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Cell Phone (____) _____	Cell Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____
Email _____	Email _____

In accordance with Section 3635 of the New York State Education Law, I hereby request transportation for the student named above. I acknowledge that I have read the statements regarding non-public school transportation on the first page of this form.

Parent Signature _____

Date ____/____/____