

PINE PLAINS CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

Annual Request for Transportation to a Non-Public School

Note: To be eligible for transportation, children must be five (5) years of age on/or before December 1st of the school year in which transportation is provided. A copy of a birth certificate must be provided for Kindergarten students. Your child must also be registered with Pine Plains School District to receive district services, including transportation. A transportation request must be submitted for each student prior to busing. Please note that when PPCSD is closed, transportation is not provided.

Name of School Requested _____		Start Time _____	Dismissal _____		
Street Address _____					
City _____	State _____	Zip _____	Phone Number _____		
TRANSPORTATION REQUEST (circle one)		AM ONLY	PM ONLY	BOTH	NONE

STUDENT INFORMATION

Last Name _____	First _____	MI _____	Date of Birth _____
Street Address _____			Grade Student Entering _____
City _____	State _____	Zip _____	<input type="checkbox"/> M <input type="checkbox"/> F

Please note: It is your responsibility to provide accurate information so that the district can schedule routes and determine budgetary needs. Mileages of 15 miles and under and filing before April 1st determines eligibility. Once a route has been established based on eligibility, late applicants may be added at the nearest PPCSD school location to their residence. Any address change from the previous year or new applicants may require proof of residency. All routes are subject to changes for safety and efficiency throughout the year.

Parent/Guardian Names: Parent 1 _____ (Please Print) Parent 2 _____ (Please Print)

1. Home Phone: (____) _____ Parent's Work #: (____) _____ Parent's Cell #: (____) _____

2. Home Phone: (____) _____ Parent's Work #: (____) _____ Parent's Cell #: (____) _____

Email Address 1. _____ 2. _____

Do you want your home phone number to be included in our emergency automated phone call system? YES NO

EMERGENCY CONTACT - OTHER THAN PARENT OR LEGAL/CUSTODIAL GUARDIAN

Contact Name: _____ Relationship to Student: _____ Friend, neighbor, other

Home Phone #: (____) _____ Work Phone #: (____) _____ Cell Phone #: (____) _____

Signature of Parent/Guardian: _____ Date Submitted _____

FOR DISTRICT TRANSPORTATION USE ONLY

	Postmark Date: _____
	Mileage: _____
	Received By: _____
	Request (circle one): APPROVED DENIED
Reason (if denied): _____	
Signed: _____ Transportation Department	
Superintendent of Schools (Only if Denied)	

SUBMIT COMPLETED FORM TO:

Pine Plains Central School District
Transportation Department
2829 Church Street
Pine Plains, NY 12567

Phone: (518) 398-3000 ext. 3115
Fax: 518-398-1140
E-mail: bus.routes@ppcsd.org

TRANSPORTATION **WILL NOT** BE PROVIDED ON DAYS WHEN PINE PLAINS SCHOOLS ARE CLOSED. PLEASE CHECK OUR SCHOOL CALENDAR FOR CLARIFICATION.