

2025/26

TRANSPORTATION SERVICES REQUEST FORM

LANSINGBURGH CENTRAL SCHOOL DISTRICT

***** REQUEST MUST BE COMPLETED AND RECEIVED
BY DISTRICT OFFICE **BEFORE APRIL 1st, 2025*******

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

(For Office Use Only)

DISAPPROVED [] APPROVED []

EFFECTIVE DATE: _____

Registration Verified: _____

Proof of Residency: _____

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: