LANSINGBURGH CENTRAL SCHOOL DISTRICT

Central Registration: 55 New Turnpike Road, Troy, NY 12182
Phone: (518) 233-6836 / Fax: (518) 235-5838

CHARTER AND PRIVATE/PAROCHIAL SCHOOL ANNUAL SERVICES

Date: _____ Full School Name: _____

Student Name: _____

Address: _____

Date of Birth: _____ Gender: M / F Has your child been accepted? Y / N

Grade Entering 2024-2025 _____ Does your child received Special Education Services Y / N

Has the student ever been enrolled in LCSD: Y / N If N - Entry/move-in date: _____

Previous School/Prior School District: _____

Is the student Hispanic, Latino or of Spanish Origin? Y / N

Race: Black/White/Asian/American Indian/Alaskan Native/Native Hawaiian/Pacific Islander

Parent/Guardian Name: _____

Home/Cell #: _____ Work #: _____

Parent/Guardian Name: _____

Home/Cell #: _____ Work #: _____

Transportation requirements: AM only PM only Both AM & PM

Students may be picked up and/or dropped off at APPROVED child care location: (location MUST be within LCSD) Each Pick-up/Drop-off address MUST be at the SAME ADDRESS for ALL five days of the week and within school district boundaries.

AM Pick-up: Address: _____ Name & Phone #: _____

PM Drop-off: Address: _____ Name & Phone #: _____

I have read and understood all of the information provided on this transportation request form. I certify that I am a resident of the Lansingburgh Central School District and am entitled to transportation services. I understand that this request is required to be turned in by April 1st of each year or within 30 days of establishing residency.

I hereby authorize the release of any medical, psychological, academic or other confidential records (such as an IEP), which may be protected by the Family Educational Right to Privacy Act (FERPA) or the Health Insurance Portability and Accountability Act (HIPAA) of 1996, concerning my child referenced above, to the Lansingburgh Central School District.

Parent/Guardian Signature: _____ Date: _____

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

(For Office Use Only)

DISAPPROVED [ ] APPROVED [ ]

EFFECTIVE DATE: _____

Registration Verified: _____

Proof of Residency: _____

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: