

BEACON CITY SCHOOL DISTRICT TRANSPORTATION  
DEPARTMENT

**APPLICATION FOR PRIVATE/PAROCHIAL  
TRANSPORTATION**

Requests for Transportation must be submitted before **APRIL 1<sup>st</sup>**  
In accordance with Section 3635 of the Education Law for transportation for the  
following school year

**HEREBY REQUEST TRANSPORTATION FOR MY CHILD FOR THE SCHOOL YEAR  
2026/2027**

Name of Pupil: \_\_\_\_\_ DOB:  
\_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip:  
\_\_\_\_\_

(Or actual location of residence/closest intersection, \*\* NO POST OFFICE BOX  
NUMBERS)

Mailing Address: \_\_\_\_\_ City/State/Zip:  
\_\_\_\_\_  
(If different than Street Address)

Telephone Number (Home): \_\_\_\_\_  
(Emergency): \_\_\_\_\_

School Attended Previous School Year:  
\_\_\_\_\_

Name of PRIVATE/PAROCHIAL School to which transportation is requested:  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip:  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax  
Number \_\_\_\_\_

For children entering **KINDERGARTEN** a registration packet must be completed. Child

must be FIVE (5) years of age by December 1<sup>ST</sup> in order to enter Kindergarten.

Date  
PARENT/GUARDIAN

SIGNATURE OF

Please look for your child's transportation information to arrive in the mail mid-August.

PLEASE RETURN COMPLETED FORM BEFORE APRIL 1<sup>ST</sup>  
TO

Registrar's Office  
Beacon City  
School District  
10 Education  
Drive  
Beacon, New York 12508-4066

NOTE: Board Policy states students MUST live OUTSIDE of 1. MILE in order to be eligible for transportation.

\*\*\* PLEASE USE A SEPARATE BLUE FORM FOR EACH CHILD  
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