

BRIARCLIFF MANOR UNION FREE SCHOOL DISTRICT

Transportation Office, Attn: Lori Breitman LBreitman@Briarcliffschools.org
45 Ingham Road, Briarcliff Manor, NY 10510 Fax: 914-941-6613

REQUEST FOR TRANSPORTATION TO PRIVATE/PAROCHIAL SCHOOL

To request transportation, this form must be returned to the Transportation Office at the above address by **APRIL 1, 2026**. Please clearly print; if necessary, please call your school to obtain the information. **Please use a separate form for each student. Criteria for approval:** Parent request is received by April 1, 2026; private school is within the 15-mile limit of your home; **your family is registered with our district.** You will receive transportation details during the summer of 2026. Should a problem exist, and your request is not approved, we will contact you. *Transportation is not provided on orientation days, Briarcliff USFD snow days or on legal holidays (July 4, Labor Day, Columbus Day, Veterans' Day, Thanksgiving, Christmas, New Year's, Martin Luther King Day, Lincoln's birthday, Washington's Birthday, Memorial Day).*

I hereby request transportation for my child during the 2026-2027 school year to:

SCHOOL INFORMATION (You may only apply for one school)
ONE (1) STUDENT PER FORM PLEASE * PLEASE PRINT CLEARLY

NAME OF SCHOOL: _____

SCHOOL ADDRESS: _____

Street Town State Zip

THE ABOVE NAMED SCHOOL IS IN THE _____ SCHOOL DISTRICT

FIRST DAY OF SCHOOL FOR THE 2026-2027 SCHOOL YEAR: _____ LAST DAY OF SCHOOL: _____

(Please send copy of school calendar when it is available.)

SCHOOL STARTING TIME: _____ SCHOOL DISMISSAL TIME: _____

SCHOOL TELEPHONE: _____ SCHOOL CONTACT: _____

PRINT STUDENT INFORMATION - One student per form please

STUDENT'S NAME: _____

STUDENT'S BIRTHDATE: _____ STUDENT'S GRADE IN SEPT. 2026: _____

(Attach copy of birth certificate if student is entering kindergarten.)

PARENT/GUARDIAN'S NAME: _____

RESIDENCE/MAILING ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

CELL TELEPHONE: _____ E MAIL: _____

EMERGENCY CONTACT & PHONE #: _____

DURING THE 25/26 SCHOOL YEAR MY CHILD WAS TRANSPORTED TO: _____

(Name of School)

DURING THE 26/27 SCHOOL YEAR MY CHILD WILL NEED TO BE TRANSPORTED IN THE:

_____ AM only _____ PM only _____ BOTH AM & PM

IS THERE ANY TIME DURING THE YEAR THAT YOUR CHILD WILL NOT REQUIRE TRANSPORTATION? _____

(e.g. during a particular sport season when they may not require afternoon pick ups) If yes, please explain on the back of this sheet.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Section 3635.2 of the Education Law requires all requests for transportation to private or parochial schools be submitted to the school district NO LATER THAN APRIL 1 preceding the next school year; provided, however, that a parent or guardian of a child not residing in the district on such date, submits a written request within 30 days after establishing residence in the district.

For Transportation Office Use

APPROVED: _____ MILEAGE: _____ CENSUS REGISTRATION: _____

DISAPPROVED: _____ REASON: _____

NOTES: _____