

JOHNSON CITY CENTRAL SCHOOL DISTRICT

TRANSPORTATION REQUEST, 666 REYNOLDS ROAD, JOHNSON CITY, N.Y. 13790

Please return this form to your school as soon as possible to ensure that the school will get this information to the JC School Transportation Department by **April 12, 2024**. This form must be completed each year and has been prepared to facilitate the submission of formal requests for the transportation of resident pupils to nonpublic schools in accordance with Sec. 3635 (2) [22:83] of the New York State Education Law. Current residents must file their request prior to **April 12** of the current year. New residents entering the district after April 1 may submit requests within thirty [30] days following their entry into the district but not after August 1. In some cases requests received after August 1, may be accepted if the service does not exceed transportation capabilities on established routes and may be provided within approved budgetary allocations.

**\*TRANSPORTED TO \_\_\_\_\_ SCHOOL.\***

PLEASE FILL IN THE FOLLOWING INFORMATION FOR THE STUDENT (ONE FORM FOR EACH STUDENT)

LAST NAME, FIRST NAME D.O.B. GRADE AS OF 2024-2025

LEGAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ HOSPITAL \_\_\_\_\_

FULL NAME AND FIRST ADULT IN HOUSEHOLD \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

FULL NAME OF 2<sup>ND</sup> ADULT IN HOUSEHOLD \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

In case of an emergency, when neither parent can be located, it may be necessary to call another person too, or "who can" help us find the parents. Please fill in or list a person (s) we can contact:

EMERGENCY PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

Transportation is provided to and from the students' legal residence. If the student is to be transported from another address in the district, please supply the following information:

**CIRCLE WHICH DAY (S)**

SITTER'S NAME \_\_\_\_\_ AM\_\_ PM\_\_ MON TUE WED THR FRI

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE OF PARENT / LEGAL GUARDIAN \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_ DATE REC'D @ J.C. \_\_\_\_\_

If for any reason transportation is not needed or you have questions about this form, please contact the Trans. Dept. @ 607-930-1017, 7:00 a.m. – 3:30 p.m. on school days. Some of the above information must still be maintained by the School district until the student graduates from high school or reaches the age of 21.