



Sodus Central School District  
P.O. Box 220  
Sodus, NY 14551  
Transportation Department

## Non Public School Transportation

School Year: \_\_\_\_\_ School Name: \_\_\_\_\_  
(ONE school per application)

**Student(s) Information:** (Please print)

First & Last Name	Birth Date	Grade Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent/Guardian Information:** (Please print)

Name (print)	Home Telephone number
Street Address, including Zip Code	Alternate Telephone number

**New** Sodus resident/address? Date of establishing residence at above address: \_\_\_\_\_

New York State Education Law requires that a parent or legal guardian submit a written request for transportation to a non-public school **not later than April 1<sup>st</sup> of each** year. In addition, a parent of a pupil not residing in the school district on April 1<sup>st</sup> shall submit a written request within thirty days after establishing residence in the district. Additional information can be found on the World Wide Web at:

**<http://www.emsc.nysed.gov/schoolbus/>**

My signature certifies that I am the parent/legal guardian of the above student(s) and authorized to request transportation to/from the non-public school listed above. I verify that the student(s) reside with me at the address indicated.

Note: Retain a copy for your records Signature Date

Print, complete, and mail to Sodus Transportation