



REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS

NEW SCHOOL YEAR DEADLINE TO SUBMIT FORM IS APRIL 1

If your child is **not** registered with the Brighton CSD, please contact the Central Registrar at 585-242-5200 x5580, Transportation cannot be provided until student is registered in the district.

This form is an online fillable form. Please send at least 3 days prior to change.

An email will be sent to verify your request.

School Name (Print): _____ Effective Date: _____
 Address: _____ City: _____ Zip: _____
 Student Name(Print): _____ Grade: _____
 Street: _____ City: _____ Zip: _____
 Parent/Guardian (Print): _____ Email: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

**** This section indicates you do not need busing.****

AM PARENT DRIVING - NO BUS NEEDED (PLEASE CHECK DAYS)

PM PARENT PICK UP - NO BUS NEEDED (PLEASE CHECK DAYS)

M Tu W Th F

M Tu W Th F

PLEASE INDICATE EITHER HOME OR OTHER LOCATION (DAYCARE) FOR AM AND PM IN EACH BOX:

MON AM	Provider/Name:		MON PM	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	
TUES AM	Provider/Name:		TUES PM	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	
WED AM	Provider/Name:		WED PM	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	
THURS AM	Provider/Name:		THURS PM	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	
FRI AM	Provider/Name:		FRI PM	Provider/Name:	
	Address:			Address:	
	Phone:			Phone:	

Section 3635(2) NYSED law requires a written request for transportation to a non-public school be made no later than **April 1st** of each year. **Requests made after this date will be subject to review for eligibility and may be denied.** In addition, a parent/legal guardian of a pupil not residing in the school district on April 1st shall submit a written request within thirty days after establishing residence in the district. My signature certifies that I am the parent/legal guardian of the above student and authorized to request transportation to the school noted above. I verify that the student resides with me at the address indicated.

Signature :

Date:

Email, mail or deliver to: bcسد_transportation@bcسد.org or BCSD Transportation Department, 2035 Monroe Ave, Rochester, NY 14618 or fax to 585-242-5098