



Administration Building • 13A Dickinson Avenue • Nyack, New York 10960 • (845) 353-7000

Phone: (845) 353-7041 • Fax (845) 353-7087 • Email: transportation@nyackschools.com

2020 - 2021

REQUEST FOR TRANSPORTATION TO PRIVATE & PAROCHIAL SCHOOLS

District Requirements:

- ✓ All students grades **K-8** living less than fifteen (**15**) miles and more than (**1**) one mile and all students grades **9-12**, living less than fifteen (**15**) miles and more than one and one-half (**1.5**) miles from said schools will be transportation eligible-provided all application requirements are meet.
- ✓ Individual requests must be submitted for **each** student annually.
- ✓ **Copy of birth certificate** (for first time registrants only) **and Proof of Residency** (each year) are required. Acceptable forms for proof of residency: *utility bill, tax bill, signed lease, mortgage papers, etc.* *Note: A driver's license is not acceptable as proof of residency.*
- ✓ Students must be five (5) years old prior to December 1, 2020.
- ✓ Residents who move into the District after the April 1 deadline have 30 days to submit this form.
- ✓ **New York State Education Law requires** that the district Transportation Office must **receive all transportation requests by April 1, 2020.** Late requests may not be processed.

All requests should be sent directly to the following address:

Transportation Office Nyack Public
Schools 13-A Dickinson Ave.
Nyack, New York 10960

Student Name _____
(last name) (first name)

Address _____
(number) (street) (city) (zip code)

Nearest intersection to your home _____

Phone _____ Student Age _____ Date of Birth _____ Gender F

Cell Phone _____

Name(s) of Parent or Guardian _____ Email _____

Emergency contact name _____ Emerg. Phone _____

School to be attended Academy of the Holy Angels Grade _____

Address 315 Hillside Avenue, Demarest, NJ 07627 Phone 201-768-7822

First day of school 9/8/2020 Time school begins 7:50am Dismisses 2:05pm

School presently attending _____ Grade _____

Signature of Parent/Guardian _____ Date _____

- ***If transportation is to/from a different address please request an Alternate Site (Day care) Transportation form by calling 845-353-7041.***

Si ou bezwen enfòmasyon tradui an kreyòl, rele Jocelyne Abraham nan 353-7044.

Si le hace falta información traducida en español, llama Yesenia Polanco al 353-7042.