



BELLEVILLE HENDERSON CENTRAL SCHOOL
 8372 County Route 75
 Adams, New York 13605

Office Use Only
Date Rec'd

REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS

This form must be received around April 1st, 2021.

Residents of the Belleville Henderson Central School District who are eligible for transportation to non-public schools under the 15-mile limit are required to file an application each year for such transportation in accordance with Chapter 363 of the New York State Laws of 1960. Complete and return this form to BHCS if you wish to request transportation to a private school or if you do not need any transportation.

IMPORTANT NOTE: If children will need transportation to more than one (1) private school, a separate form should be used for each school.

SCHOOL YEAR 2021-2022

Name of Private School: _____	Phone Number: _____
Address: _____	
<i>Street Address</i>	<i>City</i>
	<i>Zip</i>

List All Children Attending This School						Transportation Requested				
Last	First	MI	Gender	Birth Date	Grade as of Sept. 2021	AM	PM	On Call AM	On Call PM	No Bus Needed
1)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Siblings in this Household Include those that have not yet reached school age	Gender	Birth Date

Full Name of Parents/Guardians	Relationship to Student	Home Phone	Work/Day Phone	Cell Phone

Student(s) Residential Address (Must be a physical address – no post office box)		
Street: _____	City: _____	Zip: _____
Resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____	Receives Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Comments: _____

I certify that the information provided above is accurate and complete.

 Parent/Guardian Signature

 Date