

Haldane Central School District  
**Transportation Department**  
15 Craigside Drive  
Cold Spring, NY 10516  
845-265-9254 x171  
FAX 845-265-9213

Elisa Travis, Dispatcher

Wayne Robinson, Supervisor

**PRIVATE AND PAROCHIAL SCHOOL  
TRANSPORTATION APPLICATION 2011-12**

In accordance with the Laws of the State of New York, I hereby formally request transportation for my child who will attend the \_\_\_\_\_ school in the 2011-2012 school year.

Student Name: \_\_\_\_\_

Student Home Address: \_\_\_\_\_ Town/City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Emergency Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade as of Sept.2011: \_\_\_\_\_

School attended by your child in the previous school year: \_\_\_\_\_

**Please remember that the Haldane Central School District does not transport to Private & Parochial Schools on days when our District is closed for students.**

A request must be completed for each student and submitted on or before April 1 as determined by Education Law Section 3635. To be eligible for service, all students must be registered with the Haldane Central School District and must meet the same requirements as students attending the Haldane Central School District. New residents have 30 days from establishing residency to submit this application.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

-----Below for District Use Only-----

Date form received in Transportation: \_\_\_\_\_ Received by: \_\_\_\_\_

Is the student registered in the District? Yes \_\_\_\_\_ No \_\_\_\_\_

Transportation approved? Yes \_\_\_\_\_ No \_\_\_\_\_

Date letter sent: \_\_\_\_\_