



**REQUEST FOR OUT OF DISTRICT TRANSPORTATION**

**EDUCATION LAW REQUIRES THIS FORM BE RETURNED PRIOR TO APRIL 1<sup>ST</sup>, 2013**

RETURN TO: Ravena-Coeymans-Selkirk  
Transportation Department  
2025 RT 9W  
Ravena, New York 12143

We, \_\_\_\_\_, residing at  
\_\_\_\_\_

In the Ravena-Coeymans-Selkirk Central School District, hereby request transportation of our child,  
residing with us, to and from the school he or she will attend as follows:

(PLEASE USE A SEPARATE SHEET FOR EACH STUDENT.)

_____		_____		_____
Student's Last Name		First Name		Age
_____		_____	_____	_____
Street Address	P.O Box #	City	Zip Code	
_____		_____		
Date of Birth		Grade for 2013-2014 School Year		
_____	_____	_____	_____	
Fathers Work #	Mothers Work #	Home Phone #		
_____				
Parent or Guardian Signature				

I hereby certify that the above named child is enrolled in:

_____	_____
Name of School for the school year 2013-2014	School Address

_____	_____
School Start Date & End Date for 2013-2014	School Hours (Arrival & dismissal times)

_____	_____	_____
Principal's Signature	Date	School Phone #



**RAVENA COEYMANS SELKIRK CENTRAL SCHOOL  
CONFIDENTIAL INFORMATION 2013-2014**

**Out of District Students**

Please indicate below by marking yes or no on the appropriate line if any of the following apply to your child. If “yes”, please include an emergency phone number.

DIABETIC\_\_\_\_\_

SEIZURE DISORDER\_\_\_\_\_

SEVERE BEE ALLERGY\_\_\_\_\_

OTHER\_\_\_\_\_

ADDITIONAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY PHONE #: \_\_\_\_\_

CHILD’S NAME: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

If you have any questions, please contact the Transportation Department at 756-5241



## TRANSPORTATION INFORMATION

STUDENT NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DAYS ON AT HOME:            M,T,W,TH,F            AM

DAYS OFF AT HOME:        M,T,W,TH,F            PM

Check here is **NO** transportation is needed for  
AM \_\_\_\_\_ PM \_\_\_\_\_

SITTER'S NAME: \_\_\_\_\_

SITTER'S ADDRESS: \_\_\_\_\_  
Street, house # and a brief description

SITTER'S PHONE #: \_\_\_\_\_

DAYS ON AT SITTERS:        M,T,W,TH,F            AM

DAYS OFF AT SITTERS:      M,T,W,TH,F            PM

### **IMPORTANT NOTICE FOR PARENTS**

*Please remember that the deadline for transportation requests is April 1, 2013. NYS Education Department states: "In order to obtain transportation for their children, parents must file requests with the district in which they live by April 1<sup>st</sup> of the preceding school year or within 30 days of moving into the district." In order to prepare and set up routes, we **MUST** have all applications by that date.*

If your child does not ride the bus to school in the morning, you must notify the Transportation Department by noon @ 756-5241 if your child will require transportation home. If no phone call is received, we will assume that transportation is not needed.

**When the RCS School District is closed for inclement weather, holidays, vacations or recesses, no transportation will be provided.**