



**CHARTER/PRIVATE/PAROCHIAL SCHOOL
Transportation/Attendance Form
2018-2019 School Year**



Applications for 2018-2019 school transportation for pupils residing in the East Irondequoit Central School District to Private/Parochial/Charter schools must be filed on or before **April 1, 2018** (except where a family moves into the district after April 1, 2018, in which case application must be made within 30 days after establishing residence in the district). East Irondequoit Central School District Transportation policy provides transportation for pupils in grades K-5 who live more than ¼ mile from school, grades 6-8 who live more than ¾ mile, and grades 9-12 who live more than 1 mile from school; unless policy is changed by voter approval in May. There is a fifteen-mile maximum for students attending private/parochial/charter schools. Transportation is provided on an equal basis to pupils in the public schools and those attending private/parochial/charter schools.

ANY FORMS NOT RECEIVED BY April 1, 2018 WILL NOT BE PROCESSED UNTIL AFTER THE START OF THE SCHOOL YEAR. TRANSPORTATION WILL BE PROVIDED ONLY IF THERE IS NO ADDITIONAL COST TO THE DISTRICT.

Please Note: A new application must be submitted yearly whether or not the student attended the same school during the previous school year. Forms must be submitted to the Transportation Department before service can be provided.

Please allow up to thirty days to accommodate this request.

PLEASE COMPLETE A SEPARATE SHEET FOR EACH SCHOOL IF YOU HAVE MORE THAN ONE CHILD AND THEY ATTEND DIFFERENT SCHOOLS.

To: Board of Education, East Irondequoit Central School District

Inasmuch as I am a resident of the East Irondequoit Central School District, I hereby request transportation for my child(ren) to and from the school attended as follows:

PLEASE PRINT

SCHOOL ATTENDING: Renaissance Academy Charter SOTA SCHOOL HRS: 8-330
AM PM

School Address: 299 Kirk Rd, Rochester, NY 14612 Phone No. (585) 225-4200

Expectation: (Please circle one): Walker Parent Transports Ride Bus

Child's Name:	Date of Birth	Grade* 2018-19
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Address _____ Zip Code: _____ Home Phone No. _____

TRANSPORTATION WILL BE TO AND FROM HOME AREA UNLESS OTHERWISE SPECIFIED

Father's Name _____ Phone (H) _____ (W) _____
Mother's Name _____ Phone (H) _____ (W) _____

If New Resident, Date of Residence: _____

Emergency Contact Information (in the event we are unable to contact parent(s)):
Name: _____ Phone (H) _____ (W) _____
Address: _____

Daycare Information (If applicable) – MUST BE LOCATED WITHIN SCHOOL DISTRICT BOUNDARY:
(Please circle one)
DAYCARE PROVIDER'S NAME: _____ AM ONLY PM ONLY AM & PM
Address: _____ Phone No. _____

Parent/Guardian Signature: _____ Date: _____

Mail completed form to: **East Irondequoit School District, Transportation Office – Kathy Callon,
125 Kane Drive, Rochester, NY 14622**