

**ISLAND TREES PUBLIC SCHOOLS
TRANSPORTATION OFFICE
74 FARMEDGE ROAD
LEVITTOWN NY 11756-5202**

Karopczyc School

**Tel: (516) 520-2112
FAX: (516) 731-0902**

Dear Parent or Guardian:

On the reverse of this letter is an application for transportation to a non-public (private) school. **(A separate application is required for each child.)** You must complete this application **annually**, and submit it to the above address no later than **April 1**, if all of the conditions stated below are correct.

1. This child is to be transported to a non-public school which is not more than 15 miles from your residence.
2. The non-public school is more than .5 miles from the house of a child in grades K-4; .75 miles in grades 5-8; or 1.0 miles in grades 9-12.
3. The child and parent will reside in Island Trees during the school year covered by the application, and would be entitled to attend an Island Trees school.

This application asks for information which will permit the school district to verify that the student is entitled to transportation services. Other information requested will allow the district to contact parents, physicians, or other designees on short notice.

Additional information is required to enable us to respond to surveys required by the State Education Department and the federal government. Data regarding individual students or their families will not be released without consent.

Please call if you have questions about transportation policies or practices. Also, we will be able to serve you better if you will provide us with prompt notice of changes in school of attendance.

Yours truly,

Transportation Office

PRIVATE TRANS
Last Update 11/14

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Karopczyc School

**2015-2016 APPLICATION FOR NON-PUBLIC (PRIVATE) TRANSPORTATION
DUE DATE: APRIL 1, 2015**

2015-2016 Grade	2015-2016 School	Town
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Circle One Definite Probably	If Kindergarten Circle One All Day	A.M. P.M.
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Student Data Last Name	First, M.I.
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Address	Zip
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Circle One	Circle One	Date of Birth	Home Phone
M F	Asian Black Hispanic Native White		

Current School of Attendance (2014-2015)

Name of School	Grade
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Persons in Parental Relationship at this Address

Name	Relationship*	Daytime Phone

*for example: father, step-, grand-, foster-

Emergency Contacts

Physician	Daytime Phone
Other	

Please Detail Any Special Stop Requests (include reason)

I certify that the above information which I have supplied is true to my knowledge and belief. I understand that an application for services for a student who is not a bona fide resident of the Island Trees School District will result in charges for all services rendered. I also agree to promptly notify the Island Trees School District of all changes in the residency or custodianship of this student. I understand that it is my obligation to submit a written application for transportation annually on or before April 1 for each child for whom transportation is requested, and in the absence of a timely application, busing will be provided only if there is no additional cost to the district.

Signed _____ **Date** _____