

ISLAND TREES PUBLIC SCHOOLS
74 FARMEDGE ROAD
LEVITTOWN NY 11756

TEL: 516-520-2112
FAX: 516-731-0902

Karopczyc School

2018-2019 APPLICATION FOR NON-PUBLIC (PRIVATE) TRANSPORTATION
DUE DATE: APRIL 2 2018

2018-2019 Grade	2018-2019 School	Town
Circle One Definite Probably	If Kindergarten Circle One	All Day A.M. P.M.

Student Data Last Name	First, M.I.
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Address	Zip
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Circle One M F	Circle One Asian Black Hispanic Native White	Date of Birth	Home Phone
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Current School of Attendance (2017-2018)

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 2** 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.

Revised (10/17) Signed _____ Date _____