



BREWSTER CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT

40 FARM TO MARKET ROAD, BREWSTER, NY 10509
 TELEPHONE 845-279-4700 FAX 845-279-3458
 TRANSPORTATION@BREWSTERSCHOOLS.ORG
 WWW.BREWSTERSCHOOLS.ORG/Transportation



Laurie Bandlow, Ed.D.
 Superintendent of Schools

Victor Karlsson, CPA
 Assistant Superintendent
 for Finance & Operations

Mary E Smith
 Supervisor of Transportation

Michele C. Muentener
 Assistant Supervisor of
 Transportation

SCHOOL YEAR: 20 - 20

DATE:

In compliance with Section 3635 of the New York State Education Law, a parent or guardian of children residing in the Brewster Central School District who are attending a non-public school must request transportation services, in writing, no later than **April 1st** preceding the next school year.

PLEASE PRINT

Student's Last Name _____ First Name _____ GRADE ENTERING _____

Gender _____ Date of Birth _____

Home Address _____ Town _____

Telephone# (Home) _____ (Email) _____ (Mobile) _____

SCHOOL OF ATTENDANCE: _____

SCHOOL ADDRESS: _____

SCHOOL OPENING TIME: _____ DISMISSAL TIME: _____

THE FOLLOWING INFORMATION WILL BE HANDLED IN A CONFIDENTIAL MANNER:

PLEASE LIST ANY HEALTH PROBLEM(S) THAT MIGHT AFFECT YOUR CHILD WHILE RIDING THE BUS.
 (I.E. BEE STING ALLERGY, OTHER SEVERE ALLERGIES, ASTHMA, SEIZURES, MOTION SICKNESS, ETC)

OFFICE USE ONLY

VEHICLE USED: _____ DATE: _____ COMPLETED BY: _____

MILEAGE FROM RESIDENCE TO _____

ROUTE FOLLOWED: _____ SCHOOL _____ (MILES)

TRANSPORTATION: ELIGIBLE [] DENIED []



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APPLICATION FOR TRANSPORTATION TO PRIVATE/PAROCHIAL SCHOOL

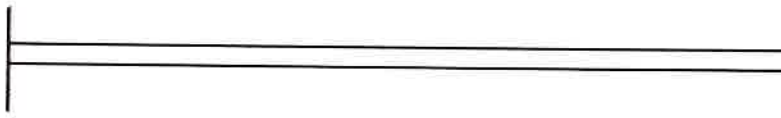
1. **NAME OF PARENT/GUARDIAN:** _____

2. **PERSON TO CONTACT IN an EMERGENCY IF PARENTS CANNOT BE REACHED:** _____

NAME _____ **PHONE** _____

3. **LOCATION OF RESIDENCE:**

On the grid below, put the name of your road on the long line. On the two intersecting lines put the 2 closest intersecting streets. Place an "X" to indicate exactly where and which side of the street your Home is located.



4. **BABYSITTING INFORMATION:**

A separate form needs to be filled out each year. Forms are available at www.brewsterschools.org



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Brewster Central School District Transportation Center

PRIVATE SCHOOL APPLICATION

FOR

LATE ACTIVITY BUS PASS (FOR HIGH SCHOOL ONLY)

TODAY'S DATE: _____

SCHOOL OF ATTENDANCE: _____

Dear Parent or Guardian,

The Brewster Central School District will provide late activity bus service to private school students by a reservation system. The service is limited to grades 6 -12.

Student Last Name: _____ First Name _____



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- C) If your student is unexpectedly going to be absent, please telephone us each day.
- D) Where possible, the district will combine this service with other private schools.
- E) each student requires a separate request form

<http://www.p12.nysed.gov/schoolbus/>

Brewster Central School District Transportation Center
PRIVATE SCHOOL APPLICATION
FOR
LATE ACTIVITY BUS PASS (FOR HIGH SCHOOL ONLY)

Parent/Guardian _____ Date _____

Contact Number _____ email: _____
 (optional)

OFFICE USE ONLY:

Approved by _____ Effective Date _____