Dear Parents/Guardians:

Parents of children who attend a private or parochial school are required to complete a Transportation and Textbook application as of April 1 for the upcoming school year. This form should be sent to the Transportation Office. **This application must be submitted every year.**

If you have moved, you are required to prove residency at the Central Registration Verification Office located at 59 West Seaman Avenue (516-867-5254). First time applicants currently not attending Freeport Public Schools, are also required to prove residency. In both situations, the deadline for this application is **April 1.**

The district will only transport a child to a private or parochial school that is within 15 miles of the child's home. Applicants to schools beyond this limit are not eligible for district transportation.

Further questions may be directed to the Transportation Office at (516)867-5220.

Sincerely,

Jamie Reinke
Transportation Department
Application for Transportation and Textbooks for Private or Parochial Schools
Complete a separate application for each child

APPLICATION MUST BE FILED BY APRIL 1.

DATE:________________ SCHOOL YEAR:__________________________

Student_____________________________________________________________________________________
Last Name    First Name
Date of birth _____________________________ Age as of September _____________________________
Home address ________________________________________________________________________________
Address     Town                                           Zip
Student will be attending _______________________________________________________________________
Name of School
Address of school _____________________________________________________________________________
Address     Town                                           Zip
School hours: ___________AM___________PM Start date:_____________________________________________
School telephone number __________________________
During the UPCOMING school year, the student will be in the ____________grade. Kindergarten: Half Full
(circle one)
I request that (he/she) be provided Transportation and/or Textbooks by the Freeport Schools.
I (have/have not) proved residency in previous years.*

Home Phone Number /   Cell Phone Number ____________________________________________ Parent’s Signature

Emergency Phone Number ____________________________________________ Name of Emergency Contact Person

Upon completion of your application, you will receive a notice verifying that your request is on file. Retain this card as your receipt. If you do not receive this card within (7) seven days from when the application has been submitted, please call the Transportation Office at 867-5220.
You will also receive another letter by August, which will include your child’s bus information.

* If you have moved, you are required to prove residency at the Central Registration Verification Office (867-5254). First time applicants currently not attending Freeport Public Schools are required to register in the district. In both situations, the deadline for this application is April 1st. Registration instructions are enclosed.

Please note: To be eligible for transportation, your child must be five years of age by December 1.