



**Greenville Central School**

P.O. Box 129  
Greenville, NY 12083

(518) 966-5070

## **Private School Transportation Request**

Dear Parents:

Students must live within a 15-mile limit from your home to requesting school for the Greenville Central School District to provide transportation. Enclosed is the form that needs to be completed for all prospective students in need of transportation to a private school for the coming year. **NYS Education Law requires this form be postmarked by April 1<sup>st</sup>** to accept request. **New students requesting transportation must provide three proofs of residency to the Greenville Registrar's office.** We are requesting the principal of the private school sign the enclosed form to verify that the student is enrolled for the coming year.

Notification of status of approval for transportation to a private school will be sent to you in writing.

Transportation for private schools will follow the Greenville Central School calendar. **When Greenville Central School is closed, delayed, or closes early for any emergency or weather related event, transportation for private schools will follow on the Greenville Central School district schedule.**

Sincerely,

Lynette Terrell  
Registrar  
Ext. 305

Karen Schrader  
Transportation Supervisor  
Ext. 463

Enclosure



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Name of Private School: \_\_\_\_\_

Address of Private School: \_\_\_\_\_

Private School Principal Signiture: \_\_\_\_\_

Private School Telephone Number: \_\_\_\_\_



**GREENVILLE**  
CENTRAL SCHOOL DISTRICT

Greenville, NY 12083  
(518) 966-5070 ext. 305  
Fax: (518) 966-6033

<b>For Office Use Only</b>					
Enroll Date: _____	Proofs of Residence _____				
Immunization: Y or N	Proof of Age: Y or N	Other: _____			
Student ID#: _____					
Home School	ES	MS	HS	Restrictions: _____	

### STUDENT ENROLLMENT FORM

The information on this form is very important. **PLEASE PRINT CLEARLY.**

Student Name: \_\_\_\_\_ M or F Grade Entering: \_\_\_\_\_  
(Last First Middle initial) (Circle one)

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

County of Residence: \_\_\_\_\_

**Ethnic category (choose all that apply):**  Caucasian  American Indian/Alaskan Native  Pacific Islander  
(Optional)  Asian  Black (Non-Hispanic)  Hispanic

Physical Address: \_\_\_\_\_  
(Number) (Street) (Town) (Zip Code)

Transportation information:  
Exact location of residence with a brief description including color and type of house.

\_\_\_\_\_  
\_\_\_\_\_

Please remember that transportation will be based on the information you have provided, so please be specific. If your child requires daycare transportation please fill out the Elementary School Sitter Transportation Request form.

Mailing Address (if different and/or P.O. Box): \_\_\_\_\_

Previous School District Attended: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

Has your child ever been retained? Yes or No If Yes, What Grade? \_\_\_\_\_  
Has your child ever attended Greenville Central School? Yes or No If Yes, When? \_\_\_\_\_ Grade \_\_\_\_\_

**Name(s) of Brothers and Sisters** (Attach additional sheet if needed.)

Name (Last, First, Middle)	M or F	Birth date (m/d/yy)	Birthplace	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Are there any restricted releases for this child? (Documentation required. Please attach.)** \_\_\_\_\_

If your child has received special education services or accommodation through an Individualized Education Program (IEP) or a Section 504, please sign consent for the release of special education records so that special education services can begin as soon as possible.

**Consent for release of special education records signed?**  Yes  No

**Parent /Guardian 1 Name:** Dr./Mr./Ms. \_\_\_\_\_  
(Last First Middle initial)

Relationship to student: \_\_\_\_\_

Address (if different from student) \_\_\_\_\_  
Lives with Student  Has Custody of Student  Should Receive Student Mailings

Telephones:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Parent/Guardian 2 Name:** Dr./Mr./Ms. \_\_\_\_\_  
(Last First Middle initial)

Relationship to student: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_  
Lives with Student  Has Custody of Student  Should Receive Student Mailings

Telephones:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

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*If parent/guardian cannot be reached*

**Emergency Contact 1 Name:** Dr./Mr./Ms. \_\_\_\_\_  
(Last name, First name, Middle initial)

Relationship to student: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Telephones  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact 2 Name:** Dr./Mr./Ms. \_\_\_\_\_  
(Last name, First name, Middle initial)

Relationship to student: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Telephones  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_