



NORTH ROCKLAND CENTRAL SCHOOL DISTRICT

Transportation Office

65 Chapel Street, Garnerville, New York 10923 (845)942-3050 fax(845)942-3041

REGISTRATION AND REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOL

NEW YORK STATE EDUCATION LAW, SECTION 3635, MANDATES THAT A WRITTEN REQUEST BE FILED EACH YEAR, NO LATER THAN APRIL 1ST, REQUESTING TRANSPORTATION TO A NON-PUBLIC SCHOOL FOR THE FOLLOWING SCHOOL YEAR.

SCHOOL TO WHICH STUDENT REQUESTS TRANSPORTATION MUST BE WITHIN 15 MILES OF THE STUDENT'S RESIDENCE.

NEW RESIDENTS: THIS FORM MUST BE RECEIVED WITHIN 30 DAYS OF ESTABLISHING RESIDENCY.

PLEASE NOTE: STUDENT MUST BE 5 YEARS OF AGE BEFORE DECEMBER 1ST OF THE CURRENT CALENDAR YEAR.

****LATE FILING MAY RESULT IN DENIAL OF REQUEST****

PLEASE NOTE: THIS FORM MUST BE COMPLETED FOR REGISTRATION PURPOSES, EVEN IF YOU ARE NOT GOING TO USE DISTRICT TRANSPORTATION TO YOUR PRIVATE SCHOOL.

DATE: _____ TRANSPORTATION IS REQUESTED FOR THE SCHOOL YEAR 2024-2025

GRADE IN SEPTEMBER: _____

NAME OF PRIVATE SCHOOL: Academy of the Holy Angels

ADDRESS OF SCHOOL: 315 Hillside Avenue, Demarest, NJ 07627

SCHOOL PHONE: 201-768-7822 SCHOOL PRESENTLY ATTENDING _____

TIME SCHEDULE OF SCHOOL: START TIME: 7:50 AM END TIME: 2:05 PM

STUDENT'S
 LAST NAME: _____ FIRST: _____ MI: _____

GRADE: _____ GENDER: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ADDRESS: _____

House #	Street	Apt#	Town	Zip	Telephone # (home)
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PLEASE ATTACH PROOF OF RESIDENCE (UTILITY BILL, SIGNED LEASE, ETC) AND COPY OF BIRTH CERTIFICATE

PARENT/GUARDIAN 1 INFORMATION:

RELATIONSHIP TO CHILD: _____

LAST NAME: _____ FIRST: _____ MI: _____

HOME#: _____ BUSINESS#: _____ CELL# _____

PARENT/GUARDIAN 2 INFORMATION:

RELATIONSHIP TO CHILD: _____

LAST NAME: _____ FIRST: _____ MI: _____

HOME# _____ BUSINESS#: _____ CELL# _____

WHAT LANGUAGE(S) IS SPOKEN IN THE STUDENT'S HOME? _____ ENGLISH _____ OTHER _____

*****PLEASE COMPLETE BOTH SIDES OF THIS FORM*****

STUDENT RACIAL AND ETHNIC IDENTIFICATION:

1. IS THE STUDENT HISPANIC, LATINO, OR OF SPANISH ORIGIN? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **YES**, Hispanic _____ **NO**, not Hispanic

2. SELECT ONE OR MORE RACES FROM THE FOLLOWING FIVE RACIAL GROUPS (Please check all groups that apply to your child)

_____ American Indian or Alaskan Native _____ Native Hawaiian or other Pacific Islander
_____ Asian / Oriental _____ White
_____ Black or African American

SIBLINGS:

Name: _____ DOB: _____ Name: _____ DOB: _____
Name: _____ DOB: _____ Name: _____ DOB: _____
Name: _____ DOB: _____ Name: _____ DOB: _____

All the information provided in this form is true and accurate. I understand that it is my responsibility to notify the school should any information change.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE SIGNED:** _____

PLEASE REMEMBER TO ATTACH A COPY OF THE BIRTH CERTIFICATE AND A VALID PROOF OF RESIDENCE. THIS INCLUDES: CURRENT UTILITY BILL, SIGNED LEASE, SIGNED CLOSING OR HUD STATEMENT. WE CANNOT ACCEPT TERMINATION OR DISCONNECT NOTICE.

FOR OFFICE USE ONLY

SENT TO SCHOOL: _____ **DATE REGISTERED:** _____ **REGISTRATION COMPLETED BY:** _____
DATE OF ENTRY INTO THE UNITED STATES: _____ **IMMIGRANT INDICATOR:** _____
YEARS IN UNITED STATES' SCHOOLS: _____
FAMILY #: _____ **PROOF OF BIRTH:** _____ **PROOF OF RESIDENCE:** _____