



# TRANSPORTATION INFORMATION FORM

Jordan-Elbridge Central School District

Transportation Department

P O Box 906

Jordan, NY 13080

315-689-8500 ext. 5601

## Application for Transportation

### Private/Parochial Schools

School Year: September 20 \_\_\_\_ to June 20 \_\_\_\_

Student Name: \_\_\_\_\_  
Complete Legal Name of Student (Last, First, Middle)

Home Address: \_\_\_\_\_  
Street City State Zip

Grade (as of Sept. 20 \_\_\_\_ ): \_\_\_\_\_  
Date of Birth Age Male / Female  
(circle one)

\_\_\_\_\_  
Name of Parent/Legal Guardian Telephone Number

Emergency Contact:

\_\_\_\_\_  
Name Relationship Telephone Number

Ethnicity/Race:

Please select one or more of the following racial groups that apply to your child (must select at least one):

- ☐ American Indian/Alaskan Native ☐ Black or African American  
☐ Native Hawaiian/Other Pacific Islander ☐ Asian ☐ White

Is your child Hispanic, Latino or of Spanish origin? ☐ Yes ☐ No

(Hispanic, Latino or of Spanish origin means a person of Cuban or South American, or other Spanish culture or origin, regardless of race.)

Name of Private/Parochial School: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

Proof of Residency (must provide one):

- ☐ Mortgage Commitment ☐ Lease or Rental Agreement ☐ Current Utility Bill  
☐ Recent Property or School Tax Bill ☐ Current Pay Stub

**Filing deadline – April 1:** This form is to be filed with the Director of Transportation, in person, no later than April 1 the preceding school year for which transportation is requested. If the request is filed after April 1, a reason for late filing must be written on the reverse side of this form.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**RETURN ONE APPLICATION PER STUDENT TO THE ABOVE ADDRESS**

*Transportation: Please forward copy to Central Registration*