



TRANSPORTATION INFORMATION FORM
Jordan-Elbridge Central School District
Central Registration
P O Box 902
Jordan, NY 13080
315-689-8500 ext. 5076

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