



NISKAYUNA CENTRAL SCHOOLS TRANSPORTATION OFFICE
1301 HILLSIDE AVE
NISKAYUNA, NY 12309
PHONE: (518) 370-0160

NON-PUBLIC SCHOOL TRANSPORTATION INFORMATION

Transportation will be provided to non-public schools for students who live within 15 miles of the school.

Students who live 15 miles or more to a non-public school already serviced by Niskayuna Central School's Transportation System, may receive transportation to the school from a centralized pick up point as long as there are eligible students on the buses who live within the 15 mile distance.

A child must be at least 5 years of age before Dec. 1st, of the school year they will attend. Students who reach age 21 during the school year will be transported for the remainder of that year.

Transportation requests must be received by April 1st, previous to the school year in which they are needed, or the request may be denied. **Requests should be submitted using the form on the next page.** If there is some doubt about the school to which a parent is planning to send a child, a request should be made for each school in question.

When Niskayuna Schools are closed due to inclement weather, transportation will not be provided to any schools.

Some students may be required to transfer buses. These transfers are carefully supervised. Transportation is provided for residents only. Students from other districts will not be transported by the Niskayuna Transportation System.

For more information or if you have questions, please call the Transportation Director at (518) 370-0160 or email transportation@niskyschools.org.



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TRANSPORTATION REQUEST TO NON-PUBLIC SCHOOL

PLEASE PRINT CLEARLY

TODAY'S DATE _____ SCHOOL YEAR: _____

I, _____, the parent or legal guardian of the child named below, request transportation for said child to indicated school.

I reside at _____ Town: _____

The nearest cross street is _____

Child's full name _____

Sex: ☐ Male ☐ Female Grade _____

Child's date of birth _____

School child will attend _____

School address _____

School hours Start _____ End _____

School phone number _____

Child's home phone number _____

Parent's work phone numbers _____ (Mother)

_____ (Father)

Effective date for transportation to begin _____

Please return this request to the Niskayuna Transportation Office

by **APRIL 1** of the school year prior to the request.

I HAVE READ THE INFORMATION ON THE REVERSE SIDE

Parent/Guardian Signature