

Office Approval \_\_\_\_\_

Date \_\_\_\_\_

SAINTS ACADEMY PRIVATE SCHOOL

**APPLICATION FOR SAINTS ACADEMY PRIVATE SCHOOL TRANSPORTATION**

OFFICE OF STUDENT TRANSPORTATION

**\*\*Please submit a separate application for each child to the private school\*\***

SCHOOL YEAR **2019 - 2020**

STUDENT'S GRADE FOR THE COMING YEAR \_\_\_\_\_

STUDENT'S NAME- \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENT OR GUARDIAN- \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

HOME ADDRESS- \_\_\_\_\_

2<sup>ND</sup> PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

NEAREST INTERSECTION TO STUDENT'S RESIDENCE \_\_\_\_\_

DISTANCE FROM HOME AND SCHOOL \_\_\_\_\_

MEASURED VIA SHORTEST ROADWAYS OR WALKWAYS IN MILES AND TENTHS

DATE SCHOOL **OPENS 8/19 /2019**

**CLOSES 5/\_\_\_ /2020**

**M-T & TH-FR SCHOOL HOURS FROM 8:00 AM TO 2 : 30 PM**

**WEDNESDAY SCHOOL HOURS FROM 8:00 AM TO 1: 30 PM**

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

- ANUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED.

**Note:**

- IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE SCHOOL DISTRICT
- COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE TWO WEEKS (2) PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.
- LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER THE DEADLINE WILL BE A LATE APPLICATION AND MUST BE PUT ON A WAITLIST TO BECOME ELIGIBLE TO RECIVE TRANSPORTATION.
- **PLEASE BE ADVISED, IN CASE OF A CHANGE OF ADDRESS DURING THE SCHOOL YEAR, SAINTS ACADEMY PRIVATE SCHOOL TRANSPORTATION WILL NOT GURANTEE TRANSPORTATION TO BE PROVIDED AT NEW ADDRESS**

2. IT IS THE OBLIGATION OF (MRS.RIVERA) THE TRANSPORTATION SUPERVISOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION A WEEK BEFORE SCHOOL START.

3. I HAVE RECEIVE AND ACCEPTED THE RULES AND POLICIES FOR TRANSPORTION.



DATE \_\_\_\_\_ PARENT'S SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE\* FOR OFFICE USE ONLY**

YOUR APPLICATION HAS BEEN REVIEWED BY THE SUPERVISOR OF TRANSPORTATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

\_\_\_\_\_ TRANSPORTATION WILL BE PROVIDED BUS # \_\_\_\_\_ BUS TIME \_\_\_\_\_ AM \_\_\_\_\_ PM

\_\_\_\_\_ INELIGIBLE \_\_\_\_\_ (REASON)

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_