

**COLD SPRING HARBOR CENTRAL SCHOOL DISTRICT  
75 GOOSE HILL ROAD  
Cold Spring Harbor, New York 11724**

Phone: 631-367-5920  
Fax: 631-692-5653

**PRIVATE SCHOOL TRANSPORTATION APPLICATION**

**FORM MUST BE SUBMITTED PRIOR TO APRIL 1, 2016  
NO REQUEST WILL BE HONORED AFTER APRIL, 1 2016  
FOR NEW RESIDENTS, APPLY WITHIN 30 DAYS OF RESIDENCY**

I request transportation for my child for the school year beginning in September 2016

**PRIVATE SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_

**SCHOOL PHONE:** \_\_\_\_\_

**SCHOOL HOURS:** Dismissal Time: \_\_\_\_\_ PM After School Activity Bus: Yes/No

**NAME OF CHILD:** \_\_\_\_\_

**BIRTHDAY:** \_\_\_\_\_ **ENTERING GRADE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**NEAREST CORNER:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMERGENCY PHONE:** \_\_\_\_\_

**CELL PHONE: MOM** \_\_\_\_\_ **DAD** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**PARENT/GUARDIAN NAME: (PRINT:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

IF YOUR HOME IS BEYOND THE 15 MILE LIMIT OF THE **PRIVATE SCHOOL** YOU CHOSE, WE CANNOT PROVIDE TRANSPORTATION. **HOWEVER**, IF WE HAVE AT LEAST ONE STUDENT LIVING IN THE DISTRICT, ATTENDING YOUR REQUESTED SCHOOL, WHO MEETS THIS MILEAGE REQUIREMENT THEN THE LAW PERMITS THE SCHOOL DISTRICT TO OFFER TRANSPORTATION TO OTHER STUDENTS LIVING BEYOND THE 15 MILE LIMIT BECAUSE THERE IS NO ADDITIONAL COST.