For all students registering into the Jericho Schools, the following documents are needed:

- Registration Application
- Release of Records
- Health History Update

Registration forms can be downloaded or can be picked up at the school buildings.
HS/MS – Counseling Center; Cantiague, Jackson & Seaman – Principal’s Office.

Once registration application forms are completed, please contact the appropriate building to schedule an appointment.

<table>
<thead>
<tr>
<th>Building</th>
<th>Phone Number</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td>516-203-3600 x3336</td>
<td>Lois M. Smith</td>
</tr>
<tr>
<td>Middle School</td>
<td>516-203-3600 x3336</td>
<td>Lois M. Smith</td>
</tr>
<tr>
<td>Cantiague</td>
<td>516-203-3600 x7250</td>
<td>Antony Sinanis</td>
</tr>
<tr>
<td>Jackson</td>
<td>516-203-3600 x6240</td>
<td>Benny D’Aquila</td>
</tr>
<tr>
<td>Seaman</td>
<td>516-203-3600 x5280</td>
<td>Adam Winnick</td>
</tr>
</tbody>
</table>

Registration Application – one copy must be filled out for each student you are registering.
Download: Registration Application (.pdf file)

When registering, you must bring official proof of age for each of your children (Birth Certificate with Raised Seal or Passport).

If you are the natural parent and are divorced you must also submit Court Custody/Guardianship papers.

If you are the legal guardian, you must submit the Court Order of Guardianship.

Residency Forms:

**If you are a homeowner**, you must submit proof of ownership (an original deed, or recent Nassau County paid tax bill).

**If you are a renter**, you must submit an original lease. **If you are a renter with a rental agreement**, you must submit a lease and Affidavit of Landlord – Form B. With Form B, you must get a copy of the Landlord’s deed for property or recent paid tax bill. You must also submit a Renter’s Non-Owner Affidavit – Form C. **Both Forms B and C must be notarized**.

In addition to proof of birth and residency, immunization and school report card/transcript must be presented at time of registration.

**Transportation Application for Non-Public School**

If your child is attending a non-public school, download and complete application. Proof of birth and proof of residency must be submitted at time of registration.
# Jericho Union Free School District

## Registration Application

**School:** __________________________  **Grade:** ______  **Today’s Date:** _______________________

*PLEASE BRING ONE OF THE FOLLOWING WITH YOU TO SHOW PROOF OF CHILD’S AGE*

- Birth Certificate (with Raised Seal): U.S. _____ Other Country _____ Passport _____

## Student Information

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Sex: _____ Male _____ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
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</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Town</th>
<th>Zip</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

*Born in the USA: _____ Yes _____ No (if not, please complete next section)*

**Birth Place:**

*Complete only if Student was born OUTSIDE the USA:*

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>Date of Entry to USA</th>
<th>Date First attended US Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Since the student first entered the United States, has he/she ever attended a school outside of the United States? _____ Yes _____ No*  
*If Yes, please provide dates:*  
*From: ____________ To: ____________*  
*MM/YYYY to MM/YYYY*

## Race and Ethnic Identification:

*Select one or more races from the following racial groups (check all groups that apply to your child: check at least one box)*

- [ ] Latino or of Spanish origin (means a person of Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race).
- [ ] American Indian or Alaska Native (a person having origins in North and South America (including Central America).
- [ ] Asian (a person having origins in the Far East, South East Asia, or the Indian subcontinent including for example, China, India, Japan, Korea, Pakistan, the Philippine Island, and Vietnam).
- [ ] Black or African American (a person having origins in any of the Black racial groups of Africa).
- [ ] Native Hawaiian/Other Pacific Islands (a person having origins in any of the Hawaiian or other Pacific Islands).
- [ ] White (a person having origins in Europe, North Africa, or the Middle East).

## Primary Language Spoken at Home

*If the student’s 1st language is NOT English, has he/she ever been in an ESL or LEP Program? _____ Yes _____ No*

*If YES, how many years have they been in the program: _______  
Dates in Program: from: ____________ to: ____________  
MM / YYYY to MM / YYYY*
Student's Educational Background

Last School Attended by Student:

District Name: ___________________________ School Name: ___________________________ Counselor's Name: ___________________________

School Address: ___________________________ Prior School Phone Number: ___________________________

□ High School Transcript
□ Latest Report Card
□ Educational Testing/Assessment Reports

For CSE/504 Students:

□ Latest IEP
□ Educational/Psychological Testing Reports
□ 504 Instructional Plan

Has the student ever attended a school in the Jericho UFSD before? _____ Yes _____ No
If Yes, School Attended: ___________________________ Year: _________ Grade: _________
Guidance Counselor: ___________________________

For High School Students Only:

Date student first entered the 9th grade: ___________________________ MM/DD/YYYY

Parent/Guardian Information

Student lives with: _____ Both Parents _____ Father _____ Mother _____ Guardian _____ Other

Proof of Residency Required

Do You: _____ Own _____ Rent _____ Lease _____ Other _____ Other
Move in date: ___________________________

When you come to register, you MUST show official photo ID such as a Driver's License or Passport of Parent or Guardian and have three (3) proofs of residency (see below).

One of the following:

□ Deed
□ Mortgage
□ Paid tax bill
□ Lease/Rental Agreement
□ Affidavit of Owner

Any one of the following utility bills:

□ Electricity
□ Gas
□ Water
□ Cable

IMPORTANT: All renters and leasees must attach a copy of the deed or mortgage statement or paid tax bill.

The following question is required by the No Child Left Behind (NCLB) legislation, which requires that school districts identify homeless children and provide them with adequate support: Is this student homeless? _____ Yes _____ No

Parent / Guardian's Marital Status: _____ Married _____ Divorced _____ Separated _____ Single _____ Widow

If Divorced or Separated, documentation is required: _____ Joint Custody _____ Sole Custody _____ Residential Custody
<table>
<thead>
<tr>
<th>Father's Full Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>e-mail address</td>
<td></td>
</tr>
<tr>
<td>Place of Business</td>
<td></td>
</tr>
<tr>
<td>Work Address</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td>Work Phone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother's Full Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>e-mail address</td>
<td></td>
</tr>
<tr>
<td>Place of Business</td>
<td></td>
</tr>
<tr>
<td>Work Address</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td>Work Phone</td>
</tr>
</tbody>
</table>

**Emergency Information (If Parent/Guardians cannot be reached)**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Student</td>
</tr>
<tr>
<td>Home Phone</td>
</tr>
<tr>
<td>Cell Phone</td>
</tr>
</tbody>
</table>

**Siblings / Other Children Living at Same Address**

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Birthdate</th>
<th>Grade</th>
<th>Present School</th>
</tr>
</thead>
</table>

---

*I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that my child may be admitted to the Jericho School District as a legal district resident. I further understand that if my child is found not to be a legitimate resident of the Jericho School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT’S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I also realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law. I understand that the school district may make unannounced home visits for purpose of residency verification.*

Parent / Guardian Signature ___________________________ Date ____________

---

Note: All data submitted via the registration process is subject to verification by the district.

Date of Admission ____________ Grade _______ Teacher/Counselor ___________________________ Student ID# ___________________________
Required at time of registration
☐ Student Immunization Record
☐ NYS required Physical Exam
☐ Completed Dental Exam

Jericho Union Free School District
STUDENT HEALTH HISTORY & UPDATE

NAME__________________________ D.O.B.____________________ GRADE IN SEPT.___________

Please check if the student has ever had any of the following:

_________ Anemia _________ Headaches _________ Tuberculosis
_________ Asthma Allergies _________ High Blood Pressure _________ Jaundice
_________ Diabetes _________ Heart Disease Murmur _________ Seizures
_________ Chronic Cough _________ Eye Problem _________ Hearing Loss
_________ Kidney Disease _________ Rheumatic Fever Joint Problem _________ Stomach Pain
_________ Prolonged Bleeding

Give dates and explanations for any conditions checked above__________________________________________

SINCE THE LAST PHYSICAL EXAMINATION HAS YOUR CHILD HAD ANY OF THE FOLLOWING?

YES NO
1. Any injuries requiring medical attention? ___ ___
2. Any illness lasting more than 5 days? ___ ___
3. Taking any medications/under physician's care? ___ ___
4. Any feeling of faintness, dizziness, or fatigue after heavy exertion? ___ ___
5. Wears glasses, contacts? ___ ___
6. A surgical procedure/fracture? ___ ___
7. Treatment in a hospital or emergency room? ___ ___
8. Any reason this person should not participate in any sport? ___ ___
9. Any excused absences from Phys. Ed.? ___ ___
10. Any known allergies? ___ ___
11. Any chronic disease? ___ ___
12. Any head injury with or without loss of consciousness? ___ ___

If you answer "YES" to any of the above questions, please explain the reason below.

COMMENTS:________________________________________________________________________________________

PARENT/STUDENT INFORMATION

Student Name: ______________________________ D.O.B. ______________ Sex ______

Parent/Guardian: ______________________________ Phone #: __________________

Home Address: _______________________________ Alternate #: __________________

Parent/Guardian Signature __________________ Date __________________
Homeowners: Must submit proof of ownership – original deed, mortgage statement or recent paid tax bill plus one recent utility bill.

Renters: Must submit your original lease or rental agreement, an Affidavit or Landlord – Form B (which must have a copy of your Landlord's deed mortgage statement or recent tax bill attachment), and a Renter's/Non-Owner Affidavit – Form C.

Other: If you are residing with either the homeowner or a renter, but do not pay rent, you must submit a signed written statement to that effect. The owner or renter that you are residing with must complete an Affidavit of Owner/Resident for the Non-Rental Resident – Form D. and submit with proof of ownership(s) or lease agreement.

STATE OF NEW YORK) )ss:
COUNTY OF NASSAU)
_______________________________________, being duly sworn, deposes and says:

(Parent or Guardian's Full Name)

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that ____________________________________________ may be admitted to the Jericho School District as a district resident.

First and Last Name of Student

My relationship to the child is ____________________________________________ (If legal guardian or custodian, attach a copy of custody papers or court order).

Parent or Guardian or Custodian

2. I reside at: ______________________________________________________________________________

Address

The following names include ALL children under the age of 21 living at this address that I am registering:

<table>
<thead>
<tr>
<th>First and Last Name of Child</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is my actual and only permanent residence. My child lives with me and this address is his/her actual and only permanent residence.
FORM A
(Page 2 of 2)

My current living arrangement is governed by: (Check appropriate box)
☐ Homeowner
☐ Lease or rental agreement. Date of expiration ______________________

☐ Other ______________________

Please specify

IMPORTANT: If you have a different parental relationship for one or more children on page 1 that you are registering, copy this page and complete separately for each child for whom you check on box below.

For ________________________________________________________________

List all children’s names in this parental relationship that you are registering

I am the (check one):

_____ Natural parent(s) (If there has been a divorce, you must submit Court Custody Order)

_____ Legal guardian (Court Appointed must submit Court Order)

_____ Person in non-parental relationship (Must submit Form E1 and E2 – Parent Affidavit and Guardian Affidavits)

If the student is living with someone other than parent or legally appointed guardian, give address and telephone number of any living natural parents/guardians in the spaces below. NOT APPLICABLE _____(Check)

Name________________________________________ Relationship __________________________
Address____________________________________ Zip_______ Phone # ( ) ________________

Name________________________________________ Relationship __________________________
Address____________________________________ Zip_______ Phone # ( ) ________________

a) Does the student live in your home exclusively? ☐ Yes ☐ No

b) Is this a temporary relationship? ☐ Yes ☐ No
c) Is this a permanent relationship? ☐ Yes ☐ No
d) How often will the natural parents see the child? __________________________
e) What percentage of financial support will be made by the natural parents? _________________________

f) What percentage of financial support will be made by you? _________________________

I understand that this statement is being UNDER THE PENALTIES OF PERJURY, in order that my child may be admitted to the schools of the Jericho UFSD as a legal district resident. I further understand that if my Child is found not to be a legitimate resident of the Jericho UFSD, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT’S ANNUAL TUTION RATE PER CHILD, RETROACTIVE to the first day of admission. I also realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law. I understand that the school district may make unannounced home visits for purpose of residency verification.

________________________________________
Signature of Parent or Legal Guardian

Sworn to before me

____________ day of ________________ 20__________

________________________________________
Notary Public
AFFIDAVIT OF LANDLORD – FORM B

Attach a copy of Deed OR a recent Mortgage Statement OR recent Tax Bill for proof of ownership

STATE OF NEW YORK)

COUNTY OF ___________________________

I, ___________________________ being duly sworn, depose and say:

PRINT NAME OF LEGAL OWNER/LANDLORD

I am the legal owner/landlord ____________________________

STREET ADDRESS

<table>
<thead>
<tr>
<th>Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The terms and conditions of said tenancy are as follows: (Specify lease, rental agreement or other agreement and the date of expiration, if any):


My tenants ___________________________ are domiciled at the above address.

Name(s) of Parent/Guardian/Custodian

The following names include ALL children under the age of 21 living at the above address:

<table>
<thead>
<tr>
<th>First and Last Name of Child</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that the above mentioned child(ren) may be admitted to the Jericho UFSD as a legal district resident.

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

PRINT NAME OF LEGAL OWNER/LANDLORD

______________________________

SIGNATURE OF LEGAL OWNER/LANDLORD

Sworn to before me this

______________________________

day of ________________________ 20____

______________________________

NOTARY PUBLIC
Jericho Union Free School District  
99 Cedar Swap Road, Jericho, NY  11753

RENTER’S/NON-OWNER AFFIDAVIT – FORM C

If your living arrangement is governed by a formal lease or rental agreement, attach a copy of it to this. You must also submit an Affidavit of Landlord – Form B

If you do not have a lease or rental agreement, you must submit both an Affidavit of Landlord – Form B and an Affidavit of Owner/ Resident for the Non-Rental Resident – Form D.

STATE OF NEW YORK) 
)ss:
COUNTY OF NASSAU)  

Student’s Name (Print Last Name, First Name)

I, ________________________________________________ being duly sworn, depose and say:

Name of Parent/Guardian/Custodian

I am the _____________________________________________ of the above named Child. I reside at:

Parent/Guardian/Custodian

Address

The following names include ALL children under the age of 21 living at the above address:

<table>
<thead>
<tr>
<th>First and Last Name of Child</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

This is my actual and only permanent residence. My child lives with me and said address is his/her actual and only permanent domicile. I commenced residence at said address on __________________________

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that my child may be admitted to the Jericho UFSD as a legal district resident. I further understand that if my Child is found not to be a legitimate resident of the Jericho UFSD, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT’S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first date of admission. I also realize that the theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law. I understand that the school district may make unannounced home visits for purpose of residency verification.

Sworn to before me this

____________________ day of ___________________ 20__

____________________
Signature of Renter/Non-Owner

____________________
NOTARY PUBLIC
Jericho Union Free School District  
99 Cedar Swap Road, Jericho, NY 11753

AFFIDAVIT OF OWNER/RESIDENT FOR THE NON RENTAL RESIDENT – FORM D

This form is to be submitted. If you are living in an arrangement where you do not have a formal lease or rental agreement and is to be filled out by the legal owner or renter of the property. Forms A, B, C and D must also be submitted, along with the associated documents.

STATE OF NEW YORK) )ss:
COUNTY OF NASSAU)

________________________________________
Student's Name (Print Last Name, First Name)

I, ________________________________ being duly sworn, deposite and say:

Owner/Resident residing in the Jericho UFSD

I currently reside at:

________________________________________

________________________________________

Street Address  Town  Zip Code

The following persons reside with me. Please print the first and last names below:

<table>
<thead>
<tr>
<th>First and Last Name of Child</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that the above mentioned, child(ren) may be admitted to the Jericho UFSD as a legal district resident.

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Sworn to before me this

________________ day of ________________ 20__

________________________________________
Print Name(s) of Legal Owner/Resident

________________________________________
Signature of Legal Owner/Resident

________________________________________
NOTARY PUBLIC
This form shall be completed for students living in the Jericho UFSD who do NOT live in the home of their parents or guardians. THIS FORM SHALL BE COMPLETED BY AN ADULT WITH WHOM THE STUDENT IS LIVING WITH.

1. I am the ___________________________ of ___________________________.
   Relationship to child Name of child

2. I reside at ___________________________.
   Address of guardian

3. Please state why the child(ren) is living with you.
   ____________________________________________
   ____________________________________________
   ____________________________________________

4. Explain the duration of the living arrangement (permanent, indefinite to be terminated upon a specific date, action or event)
   ____________________________________________
   ____________________________________________
   ____________________________________________

5. Describe any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate.
   ____________________________________________
   ____________________________________________
   ____________________________________________

6. Please indicate who is to be notified for any issues pertaining to the child’s health, welfare, and education (provide relationship, name, address and phone number).
   ____________________________________________
   ____________________________________________
   ____________________________________________
7. Describe who will assume full responsibility for all matters relating to the child’s education and medical care (if more than one individual, please indicate):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8. In the event it is discovered that the applicant is not a resident of Jericho UFSD, I agree to be responsible for the tuition costs for the child to attend Jericho UFSD.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I SOLEMNLY AFFIRM UNDER THE PENALTIES LISTED ABOVE THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature of Parent/Legal Guardian/Legal Custodian:__________________________________________________________

Sworn to before me

_____________ day of ___________________________ 20_____

____________________________________________________________

Notary Public
To: ________________________________

Name of Agency

______________________________

Address

I, the undersigned parent or legal guardian for pupil of 18 years or older of: 

______________________________

grant permission to the above agency to release to:

The Jericho School District
99 Cedar Swamp Road
Jericho, NY  11753

Attn: _________________________________________________________

Name of Appropriate Individual

the following records:

<table>
<thead>
<tr>
<th>General School Records, including Health</th>
<th>Other standardized test scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcript of grades</td>
<td>Psychological and Academic Evaluations, I.E.P. and any other pertinent information</td>
</tr>
<tr>
<td>Copies of laboratory reports for science courses</td>
<td>Other</td>
</tr>
<tr>
<td>Health records</td>
<td></td>
</tr>
<tr>
<td>Regents/Competency Test results</td>
<td></td>
</tr>
<tr>
<td>Records of Committee for Special Education</td>
<td></td>
</tr>
</tbody>
</table>

Release is to be made for the following purpose(s):


______________________________

Signature

______________________________

Address

State of ______________, County of ________________________________
appeared before me known to the person whose signature appears above and (s)he acknowledged to me that (s)he signed the foregoing release.

This release will be in effect for six (6) months from the date of signing unless otherwise revoked.

Note: Pupils 18 years of age or older or in attendance at an institution of post-secondary education may authorize release without parental consent. Proof of age or attendance is required.
This form is to be returned to the Jericho UFSD Transportation Office no later than April 1, 2012.

In accordance with the Education Law of the State of New York, Section 3635, late applications for transportation to non-public schools, or changes to applications, will not be approved after the April 1st deadline.

Students for whom non-public transportation is requested must be officially registered with the district. PROOF OF RESIDENCY IS REQUIRED FOR FIRST TIME APPLICANTS ONLY.

Transportation will not be provided on the following days unless the Jericho UFSD is in session: Columbus Day, Veteran’s Day, Thanksgiving Day, Christmas Day, Martin Luther King Day, President’s Day and Memorial Day.

I hereby formally request transportation for the student listed below:

PRINT

STUDENT’S NAME________________________________________ TELEPHONE NO.______________________

ADDRESS_________________________________________________ Nearest Cross St.________________________

TOWN____________________________________________________ BIRTH DATE___________________________

School Name_______________________________________________ Telephone No.___________________________

Street_____________________________________________________ Principal________________________________

Town_____________________________________________________ Grade Entering___________________________

School Hrs.______________________________ Present Bus Stop:____________________________________________

School of Last Attendance:_________________________ City______________________ State_____________

THERE WILL ONLY BE CORNER BUS STOPS FOR THE 2012-2013 SCHOOL YEAR. THERE WILL BE NO HOUSE STOPS.

Please indicate if late bus service will be needed. YES_____ NO_____ The Jericho UFSD requires a minimum of five (5) students attending a non-public school to schedule a late bus. The number of students riding late buses will be checked periodically. If the average number drops below five the bus will be cancelled with five days notice to students.

You are required to file a new application each year that you request transportation.

________________________________________ ________________________________
Date Parent/Guardian Signature

*NOTE: Non-Public school buses are shared by the three elementary schools, the middle and high schools. Routes are planned by the bus companies in the most direct and economical manner both to and from school. Routes are not affected by a student’s district of residence.