

HOLY CHILD JESUS CATHOLIC ACADEMY
RICHMOND HILL, NEW YORK 11418
APPLICATION FOR SCHOOL BUS SERVICE/PUBLIC TRANSPORTATION

GRADE _____ DATE OF BIRTH ____/____/____ SEX: M F

CHILD'S NAME: _____

FIRST LAST

ADDRESS: _____

DISTANCE FROM SCHOOL (CHECK ONE):

A _____ LESS THAN ½ MILE

C _____ BETWEEN 1 & 1 ½ MILE

B _____ BETWEEN ½ & 1 MILE

D _____ 1 ½ MILES OR MORE

SCHOOL BUS SERVICE IS AVAILABLE TO MANY OF OUR STUDENTS ACCORDING TO THE FOLLOWING GUIDELINES:

ELIGIBLE: DECISION OF THE BUREAU OF PUPIL TRANSPORTATION:

KINDERGARTEN = 5 YEARS OF AGE OR OLDER

GRADES K-2 = ½ MILE OR MORE FROM THE SCHOOL

GRADES 3-6 = 1 MILE OR MORE FROM THE SCHOOL

GRADES 7+8 **BUS PASSES ONLY** = 1 ½ OR MORE FROM THE SCHOOL

I BELIEVE MY SON/DAUGHTER _____ WILL BE ELIGIBLE FOR THE YELLOW SCHOOL BUS TRANSPORTATION NEAREST THE STOP BELOW: CHECK ONE OR OTHER

0126 _____ HILLSIDE AVE. & 135TH ST.

0238 _____ 85th St. & 89th Ave.

0136 _____ 107th Ave. & PINEGROVE ST.

0239 _____ 120th St. & 103rd Ave.

0138 _____ 125th ST. & ROCKAWAY BLVD.

0240 _____ 94th St. & 85th Road

0139 _____ 134 St. & 116 AVE.

OTHER _____ NONE OF THE ABOVE STOPS IS CONVENIENT FOR MY CHILD. I REQUEST A STOP AT

I BELIEVE MY SON/DAUGHTER _____ IN GRADE _____ MAY BE ELIGIBLE FOR PUBLIC TRANSPORTATION.

*PARENT SIGNATURE _____

DATE: _____ TELEPHONE# _____