



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. 1<sup>st</sup>, 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 1<sup>st</sup>, 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](mailto: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