



RAVENA-COEYMANS-SELKIRK CSD • 2025 US Route 9W, Ravenna, NY 12143 • Phone: 518-756-5200 • Fax: 518-756-3534

REQUEST FOR OUT OF DISTRICT TRANSPORTATION

EDUCATION LAW REQUIRES THIS FORM BE RETURNED PRIOR TO APRIL 1ST, 2018

RETURN TO: Ravenna-Coeymans-Selkirk
Transportation Department
2025 RT 9W
Ravenna, New York 12143

We, _____, residing at

In the Ravenna-Coeymans-Selkirk Central School District, hereby request transportation of our child, residing with us, to and from the school he or she will attend as follows:

(PLEASE USE A SEPARATE SHEET FOR EACH STUDENT.)

Student's Last Name First Name Age

Street Address P.O Box # City Zip Code

Date of Birth Grade for 2018-2019 School Year

Fathers Work # Mothers Work # Home Phone #

Parent or Guardian Signature

I hereby certify that the above named child is enrolled in:

Name of School for the school year 2018-2019 School Address

School Start Date & End Date for 2018-2019 School Hours (Arrival & dismissal times)

Principal's Signature Date School Phone #



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**RAVENA COEYMANS SELKIRK CENTRAL SCHOOL
CONFIDENTIAL INFORMATION 2018-2019**

Out of District Students

Please indicate below by marking yes or no on the appropriate line if any of the following apply to your child. If “yes”, please include an emergency phone number.

DIABETIC_____

SEIZURE DISORDER_____

SEVERE BEE ALLERGY_____

OTHER_____

ADDITIONAL INFORMATION:

EMERGENCY PHONE #: _____

CHILD’S NAME: _____

SCHOOL ATTENDING: _____

PARENT/GUARDIAN SIGNATURE: _____

If you have any questions, please contact the Transportation Department at 756-5241

TRANSPORTATION INFORMATION

STUDENT NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ DATE OF BIRTH _____

DAYS ON AT HOME: M,T,W,TH,F AM

DAYS OFF AT HOME: M,T,W,TH,F PM

Check here is **NO** transportation is needed for AM _____ PM _____

SITTER'S NAME: _____

SITTER'S ADDRESS: _____
Street, house # and a brief description

SITTER'S PHONE #: _____

DAYS ON AT SITTEES: M,T,W,TH,F AM

DAYS OFF AT SITTEES: M,T,W,TH,F PM

IMPORTANT NOTICE FOR PARENTS

*Please remember that the deadline for transportation requests is April 1, 2018. NYS Education Department states: "In order to obtain transportation for their children, parents must file requests with the district in which they live by April 1st of the preceding school year or within 30 days of moving into the district." In order to prepare and set up routes, we **MUST** have all applications by that date.*

If your child does not ride the bus to school in the morning, you must notify the Transportation Department by noon @ 756-5241 if your child will require transportation home. If no phone call is received, we will assume that transportation is not needed.

When the RCS School District is closed for inclement weather, holidays, vacations or recesses, no transportation will be provided.



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Office of the Registrar

PRIVATE/PRE-SCHOOL ENROLLMENT FORM

Check here if student has previously attended RCS _____

Student Information

School Year: 20__ - 20__ Grade: ____ School District (where school is located): _____
Name of School (N/A for PS): _____ City: _____ Zip code: _____
Student's Full Name: _____ Home Phone Number: _____
Date of Birth: _____ Gender: ____ Male ____ Female
Mailing Address: _____ City: _____ Zip Code: _____ County: _____
Residence Address (if different from above): _____

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

____ YES, HISPANIC ____ NO, NOT HISPANIC

Select one or more races from the following five racial groups Check (√) all groups that apply to your child:

____ AMERICAN INDIAN OR ALASKA NATIVE ____ ASIAN ____ BLACK OR AFRICAN AMERICAN
____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ____ WHITE

Parent/Guardian Information

Child Lives with: ____ Both Parents ____ Mother ____ Father ____ Foster Parents ____ Other: _____
Parent 1 Name: _____ Relationship to child: _____
Home Phone: _____ Cell Phone: _____
Workplace: _____ Work Phone: _____ E-Mail Address: _____
Home Address: _____ Receives Mail: ____ Yes ____ No
Parent 2 Name: _____ Relationship to child: _____
Home Phone: _____ Cell Phone: _____
Workplace: _____ Work Phone: _____ E-Mail Address: _____
Home Address: _____ Receives Mail: ____ Yes ____ No

Emergency Contact/Sibling Information

Emergency contact Information:

Name: _____ Relationship to child: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Sibling Information:

Name (Last, First, M.I)	M or F	Birth Date (MM/DD/YYYY)	Grade School of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE USE ONLY

Student Number: _____
Date: _____
Enrollment Type: _____