



MOUNT SINAI UNION FREE SCHOOL DISTRICT

118 North Country Road  
Mount Sinai, New York 11766  
(631)870-2550  
(631) 331-3129 (Fax)

Dr. Peter Branscombe  
Deputy Superintendent

Dr. Christine Criscione  
Superintendent of Schools

Linda F. Jensen  
Asst. Superintendent For Business

Maureen Poerio  
District Clerk/Executive Assistant

Lynne Kirchenko  
District Treasurer

January 15, 2026

Dear Parent/Guardian:

Enclosed please find a "Non-Public Transportation Request" form for the 2026/27 school year. Please refer to the "Note" at the bottom of this request form.

Our **Non-Public School Transportation Request** is used in budgeting for each new school year, therefore it is important to fill out a request **even if there is uncertainty that your child will be attending the school requested**. Failure to do so could result in a denial of request after April 1<sup>st</sup>. If you do fill out a request and find that your child will not be using the bus in September, please notify me so your requested seat on the bus is available for the next person. **Children residing within the district who will be five years old on or before December 1<sup>st</sup> are eligible to receive transportation. Resident pupils of the Mount Sinai School District #7 scheduled to attend, continue to attend or anticipate attending an accredited Non-Public School are entitled to bus transportation in accord with voter authorization up to 15 miles.**

**NOTE:**

Also enclosed are three additional forms: a "VERIFICATION OF DISTRICT RESIDENCY TO REQUEST TEXTBOOKS" form provided through BOCES and "REGISTRATION" forms (2 pages). Filling out a **Request For Transportation** form, a **Verification of District Residency to Request Textbooks** form and the two **Registration** forms are required so that we can verify your child's attendance at a Non-Public School even if you are not using the transportation we provide. All four forms must be filled out **separately for each child** if you are sending them to a Non-Public School. If your child is a Kindergartener or if you recently moved in, please provide proof of residency and an original birth certificate as well. Starting next year, we will no longer be mailing out Non Public Transportation, Registration and BOCES Textbook forms. These forms will be available to complete electronically online on our website. You can also pick up the forms at the Business Office to complete manually.

If you have any questions, please do not hesitate to contact me at 631-870-2563.

Sincerely,

Lisa Krulder  
Transportation/Business Office

Enclosures

John Hnat, Vice President  
Christy Barbera, Trustee  
Charles Carron, Trustee

**Board of Education**  
Nicholas DeVito, President

Paul Staudt, Trustee  
Anthony Mangione, Trustee  
Joseph Randazzo, Trustee

**MOUNT SINAI UNION FREE SCHOOL DISTRICT  
BUSINESS OFFICE  
NORTH COUNTRY ROAD, MOUNT SINAI, NEW YORK 11766  
(631) 870-2563  
FAX (631) 331-3129  
NON-PUBLIC SCHOOL TRANSPORTATION REQUEST**

***(Please do not put more than one student on this sheet)***

In accordance with the laws of the State of New York, I hereby formally request transportation for the school year 2026 - 2027:

NAME (of student): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

SCHOOL: \_\_\_\_\_

Address of School: \_\_\_\_\_

\_\_\_\_\_

PHONE: (of school) \_\_\_\_\_ HOURS: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in September: \_\_\_\_\_

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Telephone (or other alternate  
to home phone in case of emergency)

*Note: This form must be received by the Mt. Sinai School District **NO LATER THAN APRIL 1<sup>ST</sup>**, unless the family moves into the district after April 1<sup>st</sup>, in which case, the request must be made within 30 days of establishing residency.*

*This form should be submitted even if there is uncertainty or possibility of change. One school can be requested at a time. The District should be notified as soon as possible in the event there is a change in the request. It would be most helpful if you could indicate the starting and ending times of the student's session. Also, if your child is **NOT** using transportation but still attending a Non-Public School, you must still notify the Business Office of Mt. Sinai School District. This will enable us to verify that your child lives within our District when we are billed for Health Services and Textbooks for the school your child will attend.*

**Resident pupils of the Mount Sinai School District #7 scheduled to attend, continue to attend or anticipate attending an accredited Non-Public School are entitled to bus transportation in accord with voter authorization up to 15 miles. Children residing within the district who will be five years old on or before December 1<sup>st</sup> are eligible to receive transportation. If the student is entering school for the first time you must register in the District office and submit an original birth certificate with a raised seal and proof of residency (deed or tax bill).**

=====OFFICIAL USE ONLY=====

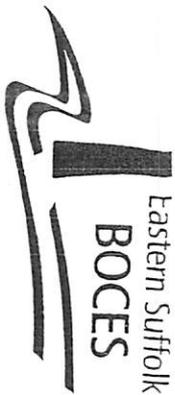
Date Received @ Transportation Office

\_\_\_\_\_



SIBLINGS/OTHERS IN HOUSEHOLD				
Name	Gender	Date of Birth	Age	Grade
Name	Gender	Date of Birth	Age	Grade
Name	Gender	Date of Birth	Age	Grade
Name	Gender	Date of Birth	Age	Grade
PREVIOUS EDUCATION INFORMATION (If Applicable)				
Previous School District Name	Name of Building		Phone #	
School Address			Date of Entry into Grade 9	
HOUSING INFORMATION				
Is the family experiencing Homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the student an unaccompanied youth? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, where is the student currently living?				
<input type="checkbox"/> In a shelter				
<input type="checkbox"/> Temporarily living with another family/person due to loss of housing				
<input type="checkbox"/> In a Motel/Hotel				
<input type="checkbox"/> In a car, park or campsite				
<input type="checkbox"/> Other temporary situation (Please Describe) _____				
FOSTER CARE INFORMATION				
Is the student in Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name and Address of Foster Agency: _____				
Name of Case Worker			Phone #	
SPECIAL EDUCATION SERVICES				
Is the student receiving Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please complete (a) and (b)				
(a) Does the student have a current Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(b) Does the student have a current 504 Accommodation Plan in place <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of District issuing the current IEP: _____				
ENGLISH AS A NEW LANGUAGE (ENL) SERVICES				
Is the student receiving ENL services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
OTHER INFORMATION				
Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Grade? _____ Year _____		
Does your child have any unique abilities &/or limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain: _____		
Does your child have vision issues? <input type="checkbox"/> Yes <input type="checkbox"/> No		hearing issues? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any special circumstances the school should be aware of regarding your child? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes please explain: _____		

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Educational Services That Transform Lives

Verification of District Residency to Request Textbooks

Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

INSTRUCTIONS FOR COMPLETING FORM

- 1. Parent/guardian completes top left side of form.
2. Parent/guardian brings form to appropriate school district, along with any documentation required for proof of residency.
3. Parent/guardian or authorizing school district mails or faxes completed form to the appropriate textbook center.
4. Please contact the appropriate textbook center if you have any questions.

Student's School District of Residence

Nonpublic School

Name of Student

Address

Telephone Number

\*\*\*\*\*

The above-named student has requested textbooks from the Eastern Suffolk BOCES Nonpublic School Textbook Program for the 20\_\_-20\_\_ school year. Your signature below indicates (1) verification that the student has provided proof of residency to your district, (2) permission to distribute textbooks to the student, and (3) your understanding that you will be billed for these textbooks.

Print Name of Authorized District Personnel

Title of Authorized District Personnel

Signature of Authorized District Personnel

Date Approved

[ ]

Brentwood
ESBOCES Adult Education Center
100 Second Avenue, Brentwood, NY 11717
(631) 233-4435 Fax (631) 233-4401
mchrist@esbooces.org

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Commack
Hubbs Administration Building
480 Clay Pitts Road, East Northport, NY 11731
(631) 368-5857 Fax (631) 368-4851
mchrist@esbooces.org

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Stony Brook
Steve Erickson, Stony Brook Textbook Center
200 Nicolls Road, Stony Brook, NY 11790
(631) 689-6860 Fax (631) 689-6862
serickso@esbooces.org

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Westhampton Beach
Dorothy Hickey, Raymond DeFeo Building
215 Old Riverhead Road, Westhampton Beach, NY 11978
(631) 288-2669 Fax (631) 288-2774
dhickey@esbooces.org

NONPUBLIC SCHOOL TEXTBOOK PROGRAM

Maria Christ, Textbook Program Coordinator (631) 687-3062 Fax (631) 289-2381 mchrist@esbooces.org
Christine Taylor, Senior Administrative Assistant (631) 687-3116 Fax (631) 289-2381 ctaylor@esbooces.org