

## **REGISTRATION FOR 2008 – 2009 SCHOOL YEAR**

Dear Parent(s):

Thank you for your interest in Evangel Christian School.

Enclosed is the application form you requested. After carefully reading the information, fill out the Student Application and Annual Parent Questionnaire forms. The \$25 application fee and a copy of the child's birth certificate, immunization record and latest report card for those in Grades 1 through 8 are required with the application. The testing fee of \$30.00 for Pre-K and \$45.00 for Kindergarten through 8<sup>th</sup> grade must also accompany the application.

When the school has received the application fee, necessary forms and testing fee, you will be sent a letter concerning testing and a meeting with a school representative.

Evangel Christian School has limited door-to-door bus service. The Office of Pupil Transportation has 2 free bus routes or subway/bus passes for eligible students. Please see green form for transportation options and complete form(s) for the transportation you desire. These forms must be turned in with the application.

We look forward to seeing you.

In His Service,

Carolyn Marko  
Principal

## Evangel Christian School

39-21 Crescent Street, Long Island City, NY 11101 Phone: 718-937-9600

*"The fear of the Lord is the beginning of wisdom; A good understanding have all they that do His commandments; His praise endureth forever." Psalm 11:10*

We welcome your interest in enrolling your child in Evangel Christian School. Please read thoroughly our admissions philosophy, policies and procedures and Statement of Faith.

### PK- through 8<sup>th</sup> Grade

#### APPLICATION INSTRUCTIONS:

1. The attached **Student Application** (yellow sheet) must be completed in every aspect. Please forward to the school office along with a **non-refundable \$25 Application fee** and testing fee:
  - Pre-Kindergarten - \$30.00 for Pre-K Screening Test
  - Kindergarten - Eighth grade - \$45 for Entrance Placement Test
2. For each student applying, the following must be submitted prior to test scheduling:
  - a. The completed **Student Application Form**
  - b. The completed **Annual Parent Questionnaire**
  - c. A copy of the **Birth Certificate** (not the original)
  - d. A copy of the **Immunization Record**
  - e. The student's most recent **report card** (unless in Pre-K or Kindergarten)
3. Each student must **complete entrance placement tests**. The school will notify applicants of a testing date.
4. **Parents of applicants must meet with the School Representative**. The presence of both parents is requested.
5. **Complete Part I of the Pastor's Recommendation Form, then give the form to your pastor**. The form is to be submitted directly to the school by your pastor.
6. **Upon acceptance, the non-refundable Registration fee of \$250.00 must be paid for the student to be enrolled**. If you desire to use one of the **transportation options, please complete the appropriate form (green) and submit it to the school office**.
7. **The following must be provided before admission to the classroom:**
  - a. **Physical Examination by physician** (including record of immunizations) dated no more than 90 days prior to entering school.
  - b. **Book Fee \$115 due in July, 1st month's tuition due by August 1 and bus fee** if applicable.

#### ADMISSION POLICY

##### PREAMBLE:

**Christian education involves the whole family.** It is therefore necessary that the elements which effect the child's education, be consistent and properly reinforced. Your home and church are vital in the educational process. For this reason, parents must be in accord with the philosophy and teaching of the school. To insure consistent standards of admission, the following admission policies have been adopted.

#### EVANGEL CHRISTIAN SCHOOL PHILOSOPHY

**God places the responsibility of educating children in the home.** Educating children without the cooperation of the parents is unscriptural and endangers the souls of those most precious to us - our children. The Bible declares that **"the fear of the Lord is the beginning of wisdom..."** Without reverence for God the whole child is not educated. Many Old Testament scriptures give us light on teaching, training and educating our children (Deut. 6:7; 11:19, Psalm 111:10). Children should be educated where scriptural principles are in evidence -- as a lifestyle. What is taught in the Christian school must be reinforced at breakfast, at bedtime, on outings, at social activities, in athletic competition, in church and in Sunday School.

**Stated more precisely**, Christian education should be experienced in every place and at all times. Evangel Christian School is committed to filling the gap in your child's education. Evangel School is your partner in the education of your children. Attendance at Evangel School is a privilege, not a right. Our goal is to carefully educate your children in the principles of Christian leadership, self discipline, individual responsibility, personal integrity and good citizenship. We are not a reform school.

The faculty and staff of Evangel Christian School, pledge themselves to academic and moral excellence in a Christ-centered atmosphere. It is our prayer that all things be done to the honor and glory of our Lord Jesus Christ!

### STATEMENT OF FAITH

1. We believe the Old and New Testaments to be the Divinely inspired revelation of God and His purposes for all mankind.
2. We believe in the Triune God revealed in the Bible and in Creation. He has and always will. He is Creator and Ruler of the universe.
3. We believe Jesus Christ is the eternal Son of God. He became man in order to fulfill God's great plan of redemption.
4. We believe man was created good and upright, in the image of God. Choosing to disobey God's command, man became sinful and was separated from fellowship with His Creator. Suffering and death entered the world because of sin.
5. We believe man's only hope for restoration with God and eternal salvation is by the forgiveness which God has provided through the death of Jesus Christ. We believe in the bodily resurrection of Christ.
6. We believe in the Triune Godhead expressed by Christ as Father, Son and Holy Spirit.
7. We believe the Holy Spirit brings salvation when a sinner comes to God in repentance and faith. All Christians may also experience the infilling of the Holy Spirit, referred to as the "Baptism of the Holy Spirit."
8. We believe healing is part of the good news which God has given us to proclaim to the world.
9. We believe God will again intervene in human affairs by the soon return of Jesus Christ for His church, bringing history to a climax and bringing in a "new heaven and a new earth."

### EVANGEL CHRISTIAN SCHOOL POLICIES

1. The Christian school complements the Christian home; therefore, we primarily enroll children of Christian families. (An exception may be made if parents agree to the School covenant with the home and the church and do not oppose the Biblical teaching and practices of the school).
2. Parents must state in writing that they have read our school philosophy and statement of faith. They must commit themselves to co-educate their children according to Biblical principles.
3. Parents must agree in writing that:
  - a. parents and students will abide by the disciplinary guidelines of the school.
  - b. the school has full discretion for the grade placement of children.
  - c. they will promptly meet all tuition and other financial obligations.
  - d. they agree to willingly support the school in prayer and practical help as required by the school.
4. Parents must be interviewed by the School Representative. Both parents will be interviewed except under special circumstances.
5. Evangel Christian School has three Departments:
  - EARLY CHILDHOOD DEPARTMENT** - Pre-K 3 and 4
  - GRADE SCHOOL DEPARTMENT** - Grades K-5
  - MIDDLE SCHOOL DEPARTMENT** – Grades 6-8

Acceptance into the **Early Childhood Division** is by application and evaluation of each child. **Please Note: Entrance into the Grade School Department is not guaranteed. Acceptance for Grade School is determined by the Admissions Committee established by the School Board.**

## APPLICATION PROCESS INCLUDES:

6. A test for prospective students to determine grade placement.
7. Prospective Kindergarten students must be five years old by Jan. 1st of the school year.
8. Active Church Membership in a Bible-believing church is an important factor in enrollment preference.
9. Upon confirmation by the Administration, your child will be enrolled or placed on a waiting list.
10. Acceptance or rejection of applicants will be by written notification.
11. When a child is accepted, the Registration Fee \$250 must be paid for a child to be enrolled. The Registration Fee is non-refundable if the child is withdrawn.
12. The Administration may refuse to admit a student with severe disciplinary, psychological or learning problems.
13. The school does not discriminate on the basis of race, color, national origin or ethnicity in the administration of its admission policies.
14. **All new students enrolling at Evangel for the first time, will undergo a ten week probationary period.** The main focus of this period will be the manner in which the student adjusts to the academic program and the type of behavior/conduct demonstrated. A conference will be scheduled with parents when there is a question regarding the ability of the student to meet either of these expectations.

## TUITION PAYMENT POLICY

1. Payment booklet with monthly coupons for each child will be mailed to each family in July.
2. Parents pay directly to Evangel Christian School by check, money order sent in by mail or deposited in the fee slot in the main hall. Your cancelled check or money order is your receipt. Credit card payments can be made in person or over the phone, (only Visa or Mastercard).
3. **THE ANNUAL BOOK AND SUPPLY FEE of \$115 per child is due in July. If you have two children, the book fee can be paid in two equal installments, one in July and one in August.**
4. **Tuition payments are due on the first of each month beginning August 1st. Parents may choose either a 10 month or 11 month payment plan.**
5. There will be no service charge on accounts paid by the 11th of the month. **If payment has not been received by the 11th of each month a late payment fee of \$20.00 per family will be levied on each family's account. After the 11th, an invoice is mailed to every family giving them the status of their account and indicating any outstanding amounts.**
6. After the 20<sup>th</sup> of each month, families that owe for that month will be sent a letter informing them of the amount due by the end of month in order for their child (children) to continue attending Evangel.
7. **Checks that are returned to us for insufficient funds will be charged \$25.00 per check.**
8. Withdrawals: (a) If a family withdraws from the school because of transfer or moving out of the city, there is a responsibility for paying the tuition through the 15th of the month, and for the entire month if withdrawing between the 16th and the end of the month. (b) If a family leaves school for any other reason, payment must be made for the month that the student(s) leaves the school. (c) If a student leaves before the year is over due to vacation, etc., and plans on returning in September, the school year must be paid in full.
9. If an account remains delinquent for two consecutive months the School Board will consider not allowing the student to return.
10. **Issuing of grades, diplomas and transfer of records will be held until account is paid in full.** The only exceptions to the above will be made by prior arrangements with the School Administration, subject to approval by the School Board and verified in writing. No student will be allowed to return for another school year unless their account for the previous year is paid in full.

## EVANGEL CHRISTIAN SCHOOL 2008-2009 FEE SCHEDULE: PreK – 8<sup>th</sup> GRADE

School hours vary depending on the age, grade and special needs of the child and family. The options from which you may choose are listed below.

1. **APPLICATION FEE** - New Entrants - \$25

2. **REGISTRATION FEES**

**New Entrants - GRADE SCHOOL DEPT** (Kindergarten thru 8th Grade)

Testing \$45.00

Registration \$250.00

**EARLY CHILDHOOD DEPT** (Pre-School 3 and 4)

Pre-K Screening Test \$30.00

Registration \$250.00

**Continuing Students** (Early Childhood and Grade School Depts.)

Pre-K through 8th Grade - \$250.00

**Late Registration of Continuing Students - \$260.00**

3. **BOOK FEE** (Covers Textbooks, Workbooks, worksheets and supplies) \$115

4. **TESTS** (Standardized Achievement, OLSAT) No charge.

5. **TUITION**- may be paid in 10 or 11 payments (Tuition includes annual \$150 fundraising fee for child, which will be credited to your account in June, if you raise the \$150.00 or more per child.)

	10 payments	11 payments		
<b><u>EARLY CHILDHOOD Pre-School 3&amp;4 Yr. Old</u></b>	<b><u>Annual Fee</u></b>	<b><u>(Aug.-May)</u></b>	<b><u>(Aug.-June)</u></b>	
8:00-11:30 AM	\$3850	\$385	\$350	
8:00-2:30 PM	\$4650	\$465	\$423	
<b><u>GRADE SCHOOL DEPARTMENT K-5</u></b>				
8:00- 2:45 PM	\$4590	\$459	\$417	
<b><u>MIDDLE SCHOOL DEPARTMENT 6-8</u></b>				
8:00-2:50 PM	\$4750	\$475	\$432	

Monthly payment must be made in full regardless of child's attendance. Monthly payments are accepted only for your convenience.

6. **Additional Fee for Afterschool Care**

2:45-6:00 PM \$150 per month

2:45-3:30 PM \$ 5 per day

2:45-6:00 PM \$10 per day

**Late pickup fee after 6 PM: \$5 per child for each half hour or part thereof.**

7. **Tuition discounts:**

**Attends Evangel Church**

**(Regular attendance and giving required)**

**First Child 5%**

**\*Second Child 40% + 5%**

**\*Third Child 60% + 5%**

**Fourth Child Free**

**Attends another church or does not attend**

**Evangel Church regularly**

**Second Child 40%**

**Third Child 60%**

**Fourth Child Free**

\* The 2<sup>nd</sup> & 3<sup>rd</sup> child discount is calculated first. Any other discount/scholarship is based on the calculated amount.

## ANNUAL FUNDRAISING FEE

Fundraising helps to keep school fees as low as possible. We depend on families participating in each fund raising event in order to raise necessary funds.

The annual fund raising fee of \$150 per child will be included in tuition payments. The monthly fundraising payment will be \$15 per child per month. In June student accounts will be credited for money raised up to \$150 per child through the following fund raising events:

Christmas Sale	50% of total amount
Chocolate Sale	50% of total amount
Jog-A-Thon	90% of total amount received from donors
For example:	

If you raise \$150 or more per child through the above events, you will be credited the full amount of \$150 per child.

If you raise \$75 per child, you will be credited \$75 per child.

If you raise \$300 per child, you will be credited only \$150 per child.

If you raise nothing, nothing will be credited.

EVANGEL CHRISTIAN SCHOOL 39-21 Crescent Street, Long Island City, NY 11101 (718) 937-9600

## STUDENT APPLICATION

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK.

ADMISSION FEES: New Entrants - Application fee **\$25**

**EARLY CHILDHOOD DEPT.** Pre-K 3 and 4 - Testing **\$30**, Registration Fee **\$250.00**

**GRADE SCHOOL DEPT.** Kindergarten - 8<sup>th</sup> Grade - Testing Fee **\$45**, Registration Fee **\$250.00**

NAME OF CHILD \_\_\_\_\_ SEX \_\_\_\_\_ S.S.# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_ BIRTH CERTIFICATE NO. \_\_\_\_\_

GRADE TO BE ENTERED \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_ DISMISSAL TIME (circle one) 11:30, 2:45 & 6:00

Has this child repeated a grade? If so, what grade? \_\_\_\_\_

Child living with (circle one): Mother and Father Mother Father Guardian

Languages spoken in home other than English \_\_\_\_\_

How did you find out about Evangel Christian School? \_\_\_\_\_

List all previous schools child has attended:

NAME OF SCHOOL	ADDRESS	GRADE	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### FAMILY INFORMATION

Father's Full Name \_\_\_\_\_ Title (circle one): Mrs. Ms. Miss  
 Mother's Full Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Education: High School \_\_\_\_\_ Years \_\_\_\_\_ Education: High School \_\_\_\_\_ Years \_\_\_\_\_

College \_\_\_\_\_ Years \_\_\_\_\_ College \_\_\_\_\_ Years \_\_\_\_\_

Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

\_\_\_\_\_ Remarried \_\_\_\_\_ Single \_\_\_\_\_ Widower \_\_\_\_\_ Remarried \_\_\_\_\_ Single \_\_\_\_\_ Widow

Name of Church: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Denomination \_\_\_\_\_ Denomination \_\_\_\_\_

How often do you attend? \_\_\_\_\_ How often do you attend? \_\_\_\_\_

Have you personally received Jesus Christ as your Lord and Savior? \_\_\_\_\_ Have you personally received Jesus Christ as your Lord and Savior? \_\_\_\_\_

\_\_\_\_\_ and Savior? \_\_\_\_\_

### Names of Brothers and Sisters

### Date of Birth

### Present Grade

<u>Names of Brothers and Sisters</u>	<u>Date of Birth</u>	<u>Present Grade</u>
_____	_____	_____
_____	_____	_____

**PARENT AGREEMENT: We have read the application. We pledge our support and cooperation to the school and agree to comply with all policies and procedures stated. I understand that my child likeness may be photographed or videotaped by the course of school activities. I hereby give consent for the school to use my child likeness in promotional or advertising material.**

Date: \_\_\_\_\_ Signature of concurrence: Father \_\_\_\_\_

Guardian \_\_\_\_\_ Mother \_\_\_\_\_

**EVANGEL CHRISTIAN SCHOOL**

## ANNUAL PARENT QUESTIONNAIRE

Date \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Student's name \_\_\_\_\_ S. S. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Home Address and Phone Number (if different from student's address)

\_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Home Address and Phone Number (if different from student's address)

\_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

The transportation of a sick child from the school to the home or to a medical facility is basically the parents' responsibility. Please list below 2 neighbors or relatives to be called in an emergency if the parent/guardian cannot be reached.

1. Name \_\_\_\_\_ 2. \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_

Beeper/Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

3. IF NONE OF THE ABOVE CAN BE REACHED, WHAT DO YOU WISH THE SCHOOL TO DO?

\_\_\_\_\_  
 \_\_\_\_\_

THE RECOMMENDATIONS OF THE PARENT WILL BE RESPECTED, BUT IN THE FINAL DISPOSITION OF AN EMERGENCY, THE JUDGEMENT OF THE SCHOOL AUTHORITIES WILL PREVAIL.

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Please complete if relevant:

Psychiatrist/Psychologist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Orthodontist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Is your child left or right handed? \_\_\_\_\_

## PLEASE ANSWER QUESTIONS ON THE REVERSE SIDE

## HAS YOUR CHILD HAD ANY OF THE FOLLOWING PROBLEMS:

vision problems \_\_\_\_\_ glasses \_\_\_\_\_ contacts \_\_\_\_\_ color blindness \_\_\_\_\_  
 hearing problems \_\_\_\_\_ tested ? \_\_\_\_\_  
 frequent earaches \_\_\_\_\_ dates \_\_\_\_\_  
 orthopedic conditions \_\_\_\_\_  
 speech problems \_\_\_\_\_  
 hospitalizations \_\_\_\_\_  
 frequent sore throat (past year) \_\_\_\_\_  
 asthma \_\_\_\_\_ any pattern \_\_\_\_\_  
 headaches \_\_\_\_\_ any pattern \_\_\_\_\_  
 nosebleeds \_\_\_\_\_ any pattern \_\_\_\_\_  
 constipation \_\_\_\_\_ any pattern \_\_\_\_\_  
 diarrhea \_\_\_\_\_ any pattern \_\_\_\_\_  
 bed wetting \_\_\_\_\_ any pattern \_\_\_\_\_  
 convulsions \_\_\_\_\_ any pattern \_\_\_\_\_  
 heart conditions \_\_\_\_\_ any pattern \_\_\_\_\_  
 skin conditions \_\_\_\_\_ medications \_\_\_\_\_  
 other \_\_\_\_\_

Has your child had any serious illness, injury, operation or communicable disease since September 1<sup>st</sup> of last year? \_\_\_\_\_

Does your child take any medication on a regular basis? Specify, including times: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ To what? \_\_\_\_\_

If an allergic reaction occurs in school, are there any special instructions? \_\_\_\_\_

Are there any special needs of which we should be aware of? (i.e. diet, emotional, menstrual, learning disability) \_\_\_\_\_

This health history is correct and my child \_\_\_\_\_  
 has permission to engage in all school activities unless noted by the physician or me. In the event of an emergency and I or my spouse or pediatrician cannot be reached, I give permission to the physician or hospital selected by the school to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above with the understanding that the family will be notified as soon as possible.

Signature \_\_\_\_\_

Relationship to student \_\_\_\_\_

Date \_\_\_\_\_

If child lives with one parent, are there any restrictions in dealing with the other parent? **All restrictions must be accompanied by court documents!** \_\_\_\_\_

With which parent does the child live? \_\_\_\_\_

PLEASE USE THE REMAINING SPACE FOR FURTHER COMMENTS \_\_\_\_\_

## Pastor's Confidential Recommendation Form

### I. TO BE FILLED IN BY THE FAMILY

After you have filled in Part I, please give to your Pastor. He should complete Part II and mail directly to the school.

Family Name \_\_\_\_\_

Family Address \_\_\_\_\_ Phone \_\_\_\_\_

Home Church \_\_\_\_\_

Full Names of Children Applying (First and Last Names)

1. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

4. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

### II. TO BE FILLED IN BY YOUR PASTOR

Is the above family active in your church? Yes \_\_\_\_\_ No \_\_\_\_\_

Have any members of the family held a leadership position in your church? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are the children in the youth programs of the church? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you consider the children open to spiritual instruction? Yes \_\_\_\_\_ No \_\_\_\_\_.

What is your understanding of this family's relationship to God?

Are there any matters which you feel would be helpful for us to know as we consider the admission of this family?

Do you recommend this family for admission? Yes \_\_\_\_ No \_\_\_\_

Pastor's Signature \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_

Please return to :  
 Evangel Christian School  
 39-21 Crescent Street  
 Long Island City, N.Y. 11101

## REQUEST FOR FREE OFFICE OF PUPIL TRANSPORTATION (OPT) BUS SERVICE FOR THE 2008-2009 SCHOOL YEAR

The Office of Public Transportation presently offers two bus routes to our school. Stops on those routes are listed below.

We do not know if the routes will be the same or changed due to the number of children serviced.

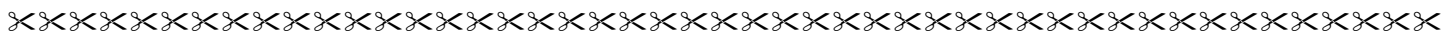
**This service is for students in KINDERGARTEN through the SECOND GRADE who live over 1/2 mile from the school and for students in GRADES 3 through 6 who live one mile or more from the school.** It is not a door-to-door service, but the bus stops are set up in the general vicinity of the homes of several students. The Office of Pupil Transportation requires a minimum number of students per bus route and the route cannot be longer than 5 miles. **If Student is taking the OPT bus, they are not eligible for Metrocard.**

If you desire this FREE service supplied by the City, please fill in the form below and return it to the School Office.

### Present Office of Pupil Transportation Routes

<b>ROUTE 1:</b>	35 <sup>th</sup> Avenue & 24 <sup>th</sup> Street _____	0109
<b>LOCAL</b>	35 <sup>th</sup> Avenue & 31 <sup>st</sup> Street _____	0108
	34 <sup>th</sup> Avenue & 41 <sup>st</sup> Street _____	0107
	Broadway & 47 <sup>th</sup> Street _____	0106
	31 <sup>st</sup> Avenue & 41 <sup>st</sup> Street _____	0105
	31 <sup>st</sup> Avenue & 36 <sup>st</sup> Street _____	0111
	30 <sup>th</sup> Avenue & 21 <sup>st</sup> Street _____	0110
	30 <sup>th</sup> Avenue & 31 <sup>th</sup> Street _____	0104
	24 <sup>th</sup> Avenue & 21 <sup>th</sup> Street _____	0101
	34 <sup>th</sup> Avenue & 12 Street _____	7501
<b>ROUTE 2:</b>	Junction Blvd. at 53 <sup>rd</sup> Avenue _____	0201
<b>DISTANCE</b>	37 <sup>th</sup> Avenue & 72 <sup>nd</sup> Street _____	0203
	47 <sup>th</sup> Avenue & 41 <sup>st</sup> Street _____	0205
	Skillman Ave. & 48 <sup>th</sup> Street _____	0208
	57 <sup>th</sup> Ave. & 94 Street _____	7501

The School Office must submit the student's name to the Office of Pupil Transportation. It is against regulations for parents to bring their child to a bus stop without submitting the form below to the School Office.



### **OPT FREE BUS SERVICE REQUEST FOR THE 2008-2009 SCHOOL YEAR**

PLEASE PRINT Name and Address of Student (s) for bus service:

Name (s) \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt. # \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Previous School attended \_\_\_\_\_

(Please Circle **ONE** choice)

My child would use the bus:                      ROUND-TRIP                      MORNING                      2:30 PM

**Please list the stop you would like your child to use. (Choose one of the above GUARANTEED stops)**

**Stop to be used:** \_\_\_\_\_

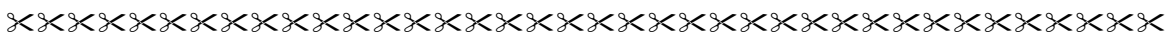
\*\*You MUST pick one of the above stops (and indicate it on the line above)

# METRO CARD APPLICATION FORM

**PARENTS, PLEASE NOTE:** IF A CHILD IS ALREADY TAKING THE OPT BUS, OR IS ELIGIBLE FOR OPT SERVICE, THEY ARE NOT ENTITLED TO RECEIVE A PUBLIC TRANSPORTATION PASS.

Students in the 7<sup>th</sup> and 8<sup>th</sup> grade who live within ½ mile to 1 ½ mile from the school will receive half fare metro card (only valid on bus).

**IF YOU DESIRE A METRO CARD FOR YOUR CHILD, AND FALL WITHIN THE GUIDELINES, PLEASE COMPLETE AND SUBMIT THE FORM TO THE SCHOOL OFFICE.**



## PUBLIC BUS OR TRAIN REQUEST FOR THE 2008-2009 SCHOOL YEAR

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

PREVIOUS SCHOOL ATTENDED \_\_\_\_\_

### PLEASE INDICATE THE TRAIN **OR** BUS LINE YOUR CHILD WILL USE

**Train:** Name of Line \_\_\_\_\_

**Bus:** Name of Company \_\_\_\_\_

Bus Number \_\_\_\_\_

FOR SCHOOL OFFICE USE ONLY - DO NOT WRITE ON THIS SPACE

Date of Submission: \_\_\_\_\_ Data entry: \_\_\_\_\_

1 <sup>ST</sup> Card received: _____	CARD # _____	Initials _____
2 <sup>ND</sup> Card received: _____	CARD # _____	Initials _____

