

Letchworth Central School
REQUEST FOR TRANSPORTATION TO PRIVATE SCHOOL
(Request Must Be Submitted **Annually** To The District Office **By April 1**)

School Year 20_____ - 20_____

School Name: _____

School Address: _____

School Phone: _____

School Contact Person: _____

Parent(s) Name: _____

Home Address: _____

Phone: _____ E-Mail: _____

Pick Up Address
if different than home: _____

PRINT Name Of Child	Date of Birth	Grade Entering in September
1		
2		
3		
4		
5		
6		
7		

Parent
Signature: _____ Date: _____