## Caledonia-Mumford Central School Transportation Request Form to Non-Public Schools

**April 1, 2025** 

Due April 1, 2022

Parent's/Gi	uardian's Name		
Address			
Phone # (H	[ome)	(Work)	(Cell)
• 1 <sup>st</sup> S	Student Name		
<u>●</u> Gra	ide in Sept. 2024	Age	Date of Birth
• 2 <sup>nd</sup>	Student Name		
● Gra	de in Sept. 2024	Age	Date of Birth
•3 <sup>rd</sup> \$	Student Name		D. CD. 4
<u>●</u> Gra	de in Sept. 2024	Age	Date of Birth
			-
	Please not On Cal-N	e that <b>transportati</b> Mum Superintender	on will be provided: nt Conference Days sion, your school is.
		vill <u>not</u> provide tra  -Mum emergency	•
Signature of	gnature of Parent		Date
	ny medical/allergy issue the child:	-	s driver should be aware of in order to safely
Mail to:	Mr. Robert Molisar		t
	Caledonia-Mumford Central School  99 North Street		
	Caledonia, New Yo	ork 14423	
	Carcuonia, new 10	71K 1774J	

Questions may be addressed by: Superintendent, Mr. Molisani at 538-3400 or

Transportation Director, Ron Otto, at 538-3412