

REQUEST FOR TRANSPORTATION - NON-PUBLIC SCHOOL

To: Transportation Supervisor
Oriskany Central School District
1313 Utica Street
Oriskany, New York 13424

Form must be submitted no later than April 1

I. Parent Section (To be completed by the parent or guardian)

I, _____ residing at _____

In the Oriskany Central School District, hereby request transportation for my child(ren), residing with me, to:

Name of School _____

Address _____

Child's Name	Age	Grade	School Hours	
			A.M. Starting	P.M. Dismissal
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent's Signature

Date

II. Principal Section (To be completed by the Private/Parochial School Principal)

I certify that the above child(ren) will attend _____

for the 20____ -20____ school year, effective _____

Principal's Signature

Date

III. Transportation Supervisor (To be completed by the Transportation Supervisor)

Bus Letter _____ A.M. _____ Time

Bus Letter _____ A.M. _____ Time

Bus Letter _____ P.M. _____ Time

Transportation Supervisor

Date

Comments: _____

Business Administrator

Date