

# EDEN CENTRAL SCHOOL DISTRICT

## NON-PUBLIC SCHOOL TRANSPORTATION REQUEST 2024/25 SCHOOL YEAR

**\*\*\*REQUESTS ARE DUE BY APRIL 1, 2024\*\*\***

### STUDENT INFORMATION

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_

Start of Service Date: \_\_\_\_\_

Transportation Requested:      Morning      Afternoon      Both      No Transportation  
\_\_\_\_\_

### FAMILY INFORMATION

Name(s) of Siblings:	Date of Birth	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Parent or Legal Guardian: \_\_\_\_\_

#### Return this form by mail, fax, or email to:

Eden Central School District  
Transportation Department  
2902 Schoolview Road  
Eden, NY 14057

Fax: (716) 992-9235  
email: [transportation@edencsd.org](mailto:transportation@edencsd.org)  
Any questions, please call (716) 992-3633