

# EDEN CENTRAL SCHOOL DISTRICT

## NON-PUBLIC SCHOOL TRANSPORTATION REQUEST 2025/26 SCHOOL YEAR

\*\*\*REQUESTS ARE DUE BY APRIL 1, 2025\*\*\*

### 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: \_\_\_\_\_

	Morning	Afternoon	Both	No Transportation
Transportation Requested:	_____	_____	_____	_____

### 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