Caledonia-Mumford Central School Transportation Request Form to Non-Public Schools April 1, 2025

Parent's/Guardian's Name			
Address			
		(Cell)	
4-4 Oto-dovet Name			
1st Student Name		D (CD: 0	
		Date of Birth	
School Attendance.			
		Date of Birth	
School of Attendance			
3rd Student Name			
Grade in Sept. 2025	Age	Date pf Birth	_
School of Attendance			
		med student(s) for 2025-2026 to:	
Name of School:			
School Hours are:			
		I-Mum Superintendent Conference Days Wh n, your school is. al-Mum	ien
Signature of Parent	_	Date	
Please state any medical/al safely transport your child:	•	bus driver should be aware of in order to	
Mail to:			
	ekah Chenaille, Superint ia-Mumford Central School ^{Street}	endent	

Questions may be addressed by: Superintendent, Dr. Chenaille at 538-3400 or

Caledonia, New York 14423

Transportation Director, Ron Otto at 538-3412