

**WILSON CENTRAL SCHOOL DISTRICT
PRIVATE/PAROCHIAL SCHOOL TRANSPORTATION REQUEST FORM**

PARENTS ARE RESPONSIBLE FOR REQUESTING BUS TRANSPORTATION FROM THE DISTRICT OF RESIDENCE ANNUALLY BY APRIL 1 FOR THE FORTHCOMING SCHOOL YEAR.

Please return this form to: Wilson Central School District
Mr. Timothy Carter, Superintendent of Schools
374 Lake Street, P.O. Box 648
Wilson, New York 14172-0648

We are planning to send our child/children (listed below) to _____
(Name of Private/Parochial School)

(Address of Private/Parochial School)

for the _____ school year. We request transportation beginning with the start of the school year in September.

<u>NAME OF CHILD</u>	<u>DOB</u>	<u>AGE</u>	<u>GRADE ENTERING</u>	<u>STUDENT ID (School Use Only)</u>

Parent/Guardian Name(s): Home Address Including PO Box: _____

_____ Phone No.(s): _____ Email _____

Address(s): _____

Estimated Mileage from Home to School: _____

Signature of Parent/Guardian _____

SCHOOL USE: Cy.: _____ Dir. Transportation _____ Transportation Contractor _____ Attendance Office _____