

Holland Central School Transportation Department

NON-PUBLIC SCHOOL TRANSPORTATION REQUEST SCHOOL YEAR _____

Students attending private or parochial schools are eligible to receive transportation services if they are within 15 miles of the school's address.

STUDENT INFORMATION:

Name _____ Age _____ Grade _____

Address _____

Phone Number _____ Start Date _____

School Attending _____

School Address _____

Transportation Requested _____ Morning _____ Afternoon

FAMILY INFORMATION:

Name(s) of Siblings	Date of Birth	School of Attendance	Grade
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Name _____ Daytime Phone # _____

Parent/Guardian Name _____ Daytime Phone # _____

DATE

Signature of Parent/Legal Guardian

PLEASE SEND THIS FORM TO:

Transportation Supervisor

Holland CSD Transportation

103 Canada Street, Holland NY 14080

Email: transportation@hollandcsd.org

Phone: (716) 537-8261

Fax: (716) 537-8237