

RETURN FORM TO:

SHENENDEHOWA CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT

970 Rt. 146
Clifton Park, NY 12065

REQUEST FOR TRANSPORTATION TO A NON-PUBLIC SCHOOL

DEADLINE: APRIL 1, 2007

It is requested that the following student(s) be transported to a non-public school(s) as indicated:

Child's Name	Sex (M/F)	Date of Birth	Grade 2007-2008	Non-public School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I, _____
(Parent/Guardian Name)

residing at _____
Street Address

City State Zip

Mailing Address (If different from above)

Hereby request transportation for my child(ren) residing with me, whose name(s) are listed above, to and from the school(s) named above during the school year 2007-2008.

Home Telephone # _____ Work Telephone # _____

School Previously Attended _____

Residency Statement:

I hereby certify that I am a resident of Shenendehowa Central School District and it is my intention that all the students named above will be enrolled at the school(s) for the school year beginning July 1, 2007. Furthermore, I have been a resident of the school district since:

Date of Residency: _____
Month Day Year

Signature of Parent/Guardian _____ Date _____