

TRANSPORTATION REQUEST FORM Private and Parochial Schools

2017 - 2018 School Year

For Lyncourt Resident Students Attending Private and Parochial Schools

DIRECTIONS:

- 1.) **Complete one application per student**
- 2.) Application **must be received by April 1st each year** for the following school year
- 3.) **Return to:** Cathryn Marchese, School Business Administrator
Lyncourt UFSD, 2707 Court Street, Syracuse, NY 13208

In accordance with the governing laws of the State of New York, I hereby formally request transportation in Onondaga County, during the coming school year for my son/daughter:

NAME OF STUDENT: _____

WHO WILL BE ATTENDING* (school name): _____

School Address: _____

School Phone Number: _____

Age of student: ____ Date of Birth: ____/____/____ Entering Grade ____ in September 20 ____

Note: Children under the age of 4 cannot be transported on our school buses.

Legal Residence:

Street _____

City, State Zip _____

PHONE: _____ CELL: _____ WORK/other: _____

In addition to making this request directly, I also authorize the Principal of the above named school* or his/her appointee or successor to be my representative in requesting transportation for my child. This authorization is to remain in effect for the school year unless I revoke it in writing.

Parent/Guardian Signature: _____

PRINTED Name: _____ DATE: _____