

## TRANSPORTATION REQUEST FORM Private and Parochial Schools

2024 - 2025 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 1<sup>st</sup> each year** for the following school year
- 3.) **Return to:** Lyncourt UFSD, 2707 Court Street, Syracuse, NY 13208  
Attn: Beth McDonough, Treasurer  
**Or by Email** at: [bmcdonough@lyncourtschool.org](mailto:bmcdonough@lyncourtschool.org)

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: \_\_\_\_\_