

APPLICATION FOR TRANSPORTATION
Private/Parochial Schools
NORTH SYRACUSE CENTRAL SCHOOL DISTRICT
Transportation Department
5520 East Taft Road, Bldg. A
North Syracuse, New York 13212
Phone: 315-218-2107 Fax: 315-218-2184
transportation@nscsd.org

School Year September 2025 to June 2026

Name of Student: _____

Address: _____
(Street)

(City) (State) (Zip)

Phone: _____
(Home) (Business)

Name of Parent/Guardian: _____

Address (if different than above) _____
(Street)

(City) (State) (Zip)

Name of School: _____

Address of School: _____
(Street)

(City) (State) (Zip)

Grade (as of Sept. 2025): _____ Date of Birth: _____ Age: _____ Male/Female
(Circle one)

Signature: _____ Date: _____
(Parent/Guardian)

RETURN ONE APPLICATION PER STUDENT TO THE ABOVE ADDRESS

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

• Application Approved

• Application Not Approved

Reason _____

Filing deadline - April 1: This form is to be filed with the Director of Transportation, at the above address, no later than April 1 the preceding school year for which transportation is requested. If the request is filed after April 1, a reason for late filing must be written on the reverse side of this form. Please email completed form to: transportation@nscsd.org