

**ONONDAGA CENTRAL SCHOOLS**  
**TRANSPORTATION DEPARTMENT**  
4457 South Onondaga Road, Nedrow, New York 13120  
PH: (315) 552-5090 FAX (315) 492-9624

**REQUEST FOR NON-PUBLIC SCHOOL TRANSPORTATION**

In accordance with Section 3635 of the New York State Education Law, as amended by Chapter 1074 of the Laws of 1960 and further amended by Chapter 959 of the Laws of 1961, and further in accordance with the rules and regulations for carrying out the provisions of this law as adopted by the Board of Education, the undersigned parent or authorized representative of such parent hereby requests transportation to be furnished to the following children of such parent:

**Request for Non-Public School Transportation must be returned NO later than April 1st. preceding the school year for which transportation is desired, according to the Board Policy 5730 #.**

SCHOOL YEAR: SEPTEMBER 20\_\_\_\_ TO JUNE 20\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ BusinessPhone: \_\_\_\_\_

Emerg. contact person \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Student: \_\_\_\_\_

Grade (as of Sept.20\_\_\_\_): \_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ M/F

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (State) (Zip)

Will your child need bussing in the morning? Y or N

Will your child need bussing in the afternoon? Y or N

Phone: \_\_\_\_\_ Day/Begins: \_\_\_\_\_ a.m. Day/Ends: \_\_\_\_\_ p.m.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_