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

School Year September 20___ to June 20___

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. 20___): ______ Date of Birth: ____________ Age: _____ Male/Female
(Circle one)

Signature: __________________________________________________

(Parent/Guardian) Date: __________________________

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RETURN ONE APPLICATION PER STUDENT TO THE ABOVE ADDRESS
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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.

Revised 07-31-12
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