

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: _____ 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.