

**Sharon Springs Central School District
TRANSPORTATION REQUEST FORM 2014-2015
Transportation Requested to Religious or Private Schools
DUE APRIL 1, 2014**

Parent's/Guardians Name _____
Address _____
Phone # HOME _____ WORK _____

1st Student
Name _____
Grade as of September 2014 _____ Age _____ Date of Birth _____
School District where residence is located _____
School student will be attending _____

2nd Student
Name _____
Grade as of September 2014 _____ Age _____ Date of Birth _____
School District where residence is located _____
School student will be attending _____

3rd Student
Name _____
Grade as of September 2014 _____ Age _____ Date of Birth _____
School District where residence is located _____
School student will be attending _____

4th Student
Name _____
Grade as of September 2014 _____ Age _____ Date of Birth _____
School District where residence is located _____
School student will be attending _____

Please note that transportation is only available on days that Sharon Springs Central School District is in session.

(Signature of Parent/Guardian)

Mail to Joseph Hilts
Sharon Springs Central School
Po Box 218
Sharon Springs, NY 13459
Phone (518) 284-9047