

Hamburg Central School District
Hamburg, NY 14075

Transportation Request to Non-Public School

REQUEST DEADLINE – April 1st

DATE: _____

PLEASE FILL OUT FORM IN FULL

I hereby request transportation for my **son/daughter** _____,
(Circle One) (Student Name)

age _____, to attend _____,
(Name of School)

_____ (School Street) _____ (School Town)
for the school year beginning September _____ through June _____, in grade _____.

Fathers name: _____ Signed: _____
(Please print clearly) (Parent or Guardian)

Mothers name: _____
_____ (Residence/Street Address)

Students Birthdate: _____
_____ (Town) _____ (Zip)

_____ (Phone Numbers)

IF REQUEST IS FILED AFTER APRIL 1ST, PLEASE INDICATE REASON:

COMPLETED REQUESTS SHOULD BE RETURNED TO:

HAMBURG CENTRAL SCHOOL DISTRICT
BUSINESS OFFICE
5305 ABBOTT ROAD
HAMBURG, NY 14075

Please see back of sheet for information concerning pupil transportation.