

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 2026 to June 2027

Student Name: _____

Address: _____
(Street) (City) (State) (Zip)

Name of Parent/ Guardian: _____

Address (if different than above): _____

Phone: _____
(Home/Cell) (Work)

Name of School: _____

Address: _____
(Street) (City) (State) (Zip)

Grade (as of Sept. 2026): _____ 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 Transportation Office, 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.