

**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.