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: ____________________________________________________
           (Parent/Guardian) Date: ________________________________

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RETURN ONE APPLICATION PER STUDENT TO THE ABOVE ADDRESS
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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.