Date Received:

LIVERPOOL CENTRAL SCHOOL DISTRICT

Telephone (315) 453-0287

Non Public School Attending _____

Student ID

(Office Use Only)

NON PUBLIC SCHOOL TRANSPORTATION REQUEST

In accordance with the Laws of the State of New York, transportation is requested for the student described below to and from the non public school named on each day that Liverpool Schools are in session during the **2017-2018** school year. This authorization is to remain in effect while the student is enrolled at said school for the above school year or until otherwise revoked by me in writing.

Please print. Use a separate form for each student for whom transportation is requested.

Name of student			
Address			
Home Phone #	Business Phone #		(Mom)
Cell Phone #	Business Phone #		(Dad)
Grade	Date of Birth	Male	Female
Please check below the appr	opriate transportation requested:		
A.M. Pick Up Only	P.M. Drop Off Only	Both A.M/P.M	
	l District. The school district will transport is in the same school attendance area as the	e child's home	
Parent/Guardian Signature (PLEASE PRINT)			Date
Parent/Guardian Signature (PLEASE SIGN)			Date
	RIL 1, 2017. This form needs to be mailed Director of Transportation Liverpool Central School Distric 4101 Long Branch Road Liverpool, NY 13090 7. If the request is filed later than April 1, 20	et -	or filing must be given.

PLEASE BE ADVISED – LIVERPOOL CENTRAL SCHOOL DISTRICT WILL NOT TRANSPORT STUDENTS WHEN LIVERPOOL SCHOOL DISTRICT IS CLOSED