Marcellus Central School District Transportation Department

Susan Stearns, Transportation Director Phone: 315-673-0211 Fax: 315-673-3600

Request for Non-Public School Transportation Services

Please note: The deadline for this request is April 1 for the upcoming school year

It is requested that the following student(s) be transported to a non-public school:

Student's Name
Sex
Date of Birth
Grade
School

Image: Student's Name
Image: Sex
Ima

Parent Name:	
Home Address:	
Home Phone:	Work Phone:
I hereby request transportation for my child(ren) residing with me at the above legal address, to and from the above-named non-public school for the upcoming school year.	

Daycare Provider Address – pick-up and drop-off, if different from home address:		
Name of Provider:		
Address of Provider:		
Telephone # of Provider:		
AM pick-up:	PM drop-off:	
L horoby cortify that I am a resident (of the Marcellus Central School District and that it is r	
, , ,	ve will be enrolled at the school indicated above.	пу

I also certify that my child(ren) listed above are registered with the Marcellus Central Schools Registrar.

Signature of Parent:

Date of Request: