

SOMERS CENTRAL SCHOOL DISTRICT

TRANSPORTATION REQUEST

PLEASE PRINT

DATE _____

I AM HEREBY REQUESTING BUS TRANSPORTATION FOR _____

WHO WILL BE ATTENDING _____ DURING THE
20__-20__ SCHOOL YEAR.

Male Female

Grade Level _____ Date of Birth _____

Print name of parent or guardian _____

Signature of parent of guardian _____

Street Address _____

Include a landmark if possible _____

Mailing Address _____

E-mail Address _____

Home Telephone Number _____ Work _____

Telephone Number _____

Cell Phone Number _____

Starting Date _____