

School Student Attending: _____

**VOORHEESVILLE CENTRAL SCHOOL DISTRICT
REQUEST FOR TRANSPORTATION
TO NONPUBLIC SCHOOLS**

Please fill out this form completely and return it to us **NO LATER THAN April 1, 2009 (a New York State deadline), for the 2009-2010 School Year. Please use **ONE FORM** per child.**

1. Name of Pupil: _____ (Do separate form for each child.)
2. Date of Birth: _____ Grade (in 2009 -2010) _____
3. Mailing Address _____

4. Exact Location For Driver (be specific) _____
5. Home Phone _____ Emergency No. _____
6. Father's/(Guardian's) Full Name _____ Work No. _____
7. Mother's/(Guardian's) Full Name _____ Work No. _____
8. Name of School student will be attending _____
9. Address of School student will be attending _____

10. Mileage from driveway of your residence to the driveway of the school requested is _____ miles.

Signature of Parent/Guardian

Date

Approved: _____
Transportation Supervisor

Approved: _____
Asst. Superintendent for Business

Return to: Mike Goyer
Voorheesville CSD Bus Garage
P.O. Box 468
Voorheesville, New York 12186