HONEOYE FALLS-LIMA CENTRAL SCHOOL DISTRICT

REQUEST FOR TRANSPORTATION * SCHOOL YEAR 2010-11

PLEASE RETURN BY : April 1, 2010

To:

Transportation Office Fax # 624-7037 Phone # 624-7045

Transportation Office Address: 667 Quaker MeetingHouse Rd. HF 14472

NAME OF PARENT (S) /GUARDIAN (S) _____

ADDRESS _____

(street)

_____

(town) (zip code)

TELEPHONE NUMBER Home # _____ Work # _____

Emergency Contact_____Contacts #_____

NAME OF SCHOOL REQUESTED _____

(**one form per school**)

SCHOOL ADDRESS _____

Is your home within 15 miles of the school you are requesting transportation to ? yes / no

Time School Begins _____Time School Dismisses _____

Please List Children by Name, DOB, Grade Needing Transportation

Child's Last	First	Middle I.	DOB	Sex	Grade

Please List Other Children Age 0-18 in the Household (not requesting transportation)

Child's Last	First	Middle I.	DOB	Sex	Grade

DATE _____

PARENT SIGNATURE _____

DATE RECEIVED _____ (OFFICE USE ONLY)