

DRYDEN CENTRAL SCHOOL
Dryden, New York 13053

Application Date: _____

**APPLICATION FOR TRANSPORTATION
TO NON-PUBLIC SCHOOLS AND DAY CARE**

SCHOOL INFORMATION

School Name: _____

School Address: _____

School Telephone: _____

Transportation Needed: A.M. _____ P.M. _____ BOTH _____

STUDENT INFORMATION

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Sex (M or F)</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home Address: _____

Parent/Guardian Name: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Emergency Contact Name: _____

Emergency Contact Telephone: _____

DAY CARE INFORMATION

Name: _____

Address: _____

Telephone: _____

RETURN THIS FORM BY APRIL 1st TO:
Shelly L. Walker, District Clerk
Dryden Central School District
P.O. Box 88
Dryden, NY 13053