

Request for Bus Transportation

To: Lansing Central School District
Transportation Department
284 Ridge Road
Lansing NY
Phone: 607 533 4608
Fax: 607 533-7588

I, _____, residing at _____
_____, in the Lansing Central School District
request Transportation for my Child (Children), for whom I have legal custody, and
are residing with me, to and from _____.
(School)

Students Full Name	D.O.B.	Grade	A.M.	P.M.	Both
Child 1. _____	_____	_____	_____	_____	_____
Child 2. _____	_____	_____	_____	_____	_____
Child 3. _____	_____	_____	_____	_____	_____
Child 4. _____	_____	_____	_____	_____	_____

Day care Pickup Address/Phone# _____ Day care Drop off Address/Phone# _____

Home Phone# _____ Work Phone# _____

Cell phone # _____

Emergency Contact Person: _____ Phone # _____

I certify that the above information is true and correct.

Signature of Parent/Legal Guardian: _____ Date: _____
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For School use

I certify that the above named child (children) is(are) enrolled in EAC Montessori
For the school year 2014-2015

Principals Signature: Laura Yonjua