

**TRUMANSBURG CENTRAL SCHOOL DISTRICT
REQUEST FOR SPECIAL TRANSPORTATION TO PRIVATE SCHOOL**

We hereby request transportation for our child/children for the school year 2014-2015

EAC MONTESSORI at **120 E. KING RD.**
(Name of School) (Full Address of School)
ITHACA, NY **LAURA GOTTFRIED**
(City) (Administrator)
607-277-7335 **ADMIN@EACMSI.ORG**
(Phone Number) (Email Address)

CHILD/CHILDREN TO BE TRANSPORTED - INFORMATION:

Name of Child	Birthdate	Grade in School Next Year

School day begins at: _____ AM and ends at: _____ PM

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____ Email: _____
Parent/Guardian Name: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____ Email: _____
Legal Residence: _____ City/Zip: _____
Mailing Address: _____ City/Zip: _____
County: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address: _____ City/Zip: _____

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address: _____ City/Zip: _____

DETAILED DIRECTION TO YOUR HOME: Example - (1001 Rabbit Run) Rte 96, Right onto Rabbit Run Rd., 3rd house on the Right. White house w/ blue shutters and red front door

NOTE: The law mandates that the Legal Residence of your children must be within 15 miles of the Private School by the shortest public highways which can be traveled. Best mileage by your calculations to the Private School: _____

Have your children been previously approved for transportation to Private School? _____

Has transportation been denied for your children in a previous year? _____

Reason: _____

This request MUST be completed (incomplete forms may be returned to sender) and received at the Transportation Department of the Trumansburg Central School, 100 Whig Street, Trumansburg, NY 14886 PRIOR to April 1, 2014.

(Signature of Parent)

(Date)

FOR OFFICE USE ONLY:	DATE: _____	APPROVED: _____	COMPUTER: _____
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