## Request for Bus Transportation to Private or Charter School for Student(s) Residing in Lansing Central School District

**Parent or guardian:** Complete this form and submit to private or charter school for principal's verification/signature

<b>Private or charter school:</b> Return completed form to	Lansing Centr	al School Di	strict		
Transportation Departme	ent				
284 Ridge Road					
Lansing NY 14882					
Phone: 607-533-4608					
Fax: 607-533-7588					
E-mail: <u>trans-l@lcsd.k12</u>	2.ny.us				
I,, residing at					
(name of parent or guardian)	(student's	address)			
in the Lansin	ng Central Sch	ool District,	request		
transportation for my child/children, for whom I have l	legal custody a	and who is/ar	re		
residing with me, to and from					
residing with me, to and from (name of private or o	charter school)				
Student's Full Name D.O.B.	Grade	A.M.	P.M.	Both	
Child 1					
Child 2.					
Child 3					
Child 4					
Day Care Pick-Up Address/Phone# Day	ay Care Drop-				
	Work Phone#				
Cell Phone #					
Emergency Contact Person:	Phone #				
I certify that the above information is true and correct.					
Signature of Parent/Legal Guardian:		_ Date:			
Verification by Priv	vate or Chart	er School			
·		ELIZABETH ANN CLUNE MONTESSORI SCHOOL OF ITHACA			
I certify that the above named child/children is/are enro		of private or cha			

for the school year 2023-2024.

Principal's Signature: Dawn Locke Florer