

**UNION SPRINGS CENTRAL SCHOOL DISTRICT**  
**REQUEST FOR TRANSPORTATION - NON-PUBLIC SCHOOL**

**Send Completed Form To:**

Parents - Complete Section I  
Principal - Complete Section II

Transportation Supervisor  
Union Springs Central School District  
239 Cayuga Street  
Union Springs, New York 13160

Parents will receive an acceptance / denial letter  
from Union Springs School District

**Form MUST be submitted by April 1st**

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**Section I Parent Section: (To be completed by parent or guardian)**

I, \_\_\_\_\_ residing at \_\_\_\_\_  
Name of Parent or Guardian Full 911 Street Address

\_\_\_\_\_  
Phone Number City, State, Zip

\_\_\_\_\_  
Alternate Mailing Address City, State, Zip

in the Union Springs School District, hereby request transportation for my child(ren), residing with me to:

Name of School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_

Child(ren) Name(s)	Birthdate(s)	Grade(s) in Fall
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Parent's Signature Date

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**Section II Principal Section: (To be completed by the Private School Principal)**

I certify that the above child(ren) will attend \_\_\_\_\_  
for the 2\_\_\_\_ - 2\_\_\_\_ School Year, effective \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature Date