WEEDSPORT CENTRAL SCHOOL DISTRICT

REQUEST FOR BUS TRANSPORTATION FOR NON-PUBLIC SCHOOL

I,	(Name of Parent/Guardian)	, residing at	
	(Name of Parent/Guardian)		
	(Parent/Guardian Phone Number)	-	(Full Physical 911 Street Address)
in We	eedsport Central School District, her	reby request transportation for m	ny children, for the
	Child's Name	<u>Birthdate</u>	Grade Next Year
1.		Manufacture of the second	
2.			Sec. 1
3.			-
4.	AND		-
		(Parent/Guardian Signature)	
"I cert year _	tify that the above-named student(s) in	s) will be enrolled at ndicated."	, for the school
	(Principal Printed Name)		(Principal Signature)
	TRA	NSPORTATION USE ON	LY
	Transportation for yo	our child/children is appro	ved:
	Transportation for yo	our child/children is not ap	proved: