

**WILSON CENTRAL SCHOOL DISTRICT  
PRIVATE/PAROCHIAL SCHOOL TRANSPORTATION REQUEST FORM**

**PARENTS ARE RESPONSIBLE FOR REQUESTING BUS TRANSPORTATION FROM THE DISTRICT OF RESIDENCE ANNUALLY BY APRIL 1 FOR THE FORTHCOMING SCHOOL YEAR.**

Please return this form to: Wilson Central School District  
Mr. Timothy Carter, Superintendent of Schools  
374 Lake Street, P.O. Box 648  
Wilson, New York 14172-0648

We are planning to send our child/children (listed below) to \_\_\_\_\_  
(Name of Private/Parochial School)

\_\_\_\_\_  
(Address of Private/Parochial School)

for the \_\_\_\_\_ school year. We request transportation beginning with the start of the school year in September.

<u>NAME OF CHILD</u>	<u>DOB</u>	<u>AGE</u>	<u>GRADE ENTERING</u>	<u>STUDENT ID (School Use Only)</u>

Parent/Guardian Name(s): \_\_\_\_\_  
\_\_\_\_\_

Home Address Including PO Box: \_\_\_\_\_  
\_\_\_\_\_

Phone No.(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Mileage from Home to School: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Cy.: \_\_\_\_\_ Dir. Transportation    \_\_\_\_\_ Transportation Contractor    \_\_\_\_\_ Attendance Office