

BERLIN CENTRAL SCHOOL DISTRICT
P. O. BOX 259
BERLIN, NEW YORK 12022

REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS

I, parent of the child/children listed below, residing at _____
(Street or Road)

_____ in the Berlin Central School District hereby request transportation for
(Town)

said child/children to _____ for the **2019-2020** school year.
(Name of non-public school)

Address of non-public school _____

Time of session _____ AM to _____ PM.

Check One Box

_____ Child lives (children live) not
more than 15 miles from the
non-public school.

(Signature)

_____ Child lives (children live) more
than 15 miles from the non-public
school.

(Please Print Name)

(Mailing Address)

Home Phone: _____

Work Phone: _____

Name of Child

Last Name, First Name

Date of Birth

Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return this to the Superintendent's Office at the Berlin Middle School/High School as soon as possible, but in any case no later than April 1, 2019. All textbook requests for next school year are due by June 1.