



REQUEST FOR TRANSPORTATION TO NON-PUBLIC SCHOOLS

I, parent of the student/s listed below, residing at _____
 _____ (Physical Address)
 _____ in the Berlin Central School District hereby request
 transportation for said student/s to _____
 _____ (Name of non-public school) for
 the 20__ - 20__ school year.

Address of non-public school: _____

Time of session _____ AM to _____ PM.

Please Check One

- ___ Student/s lives not more than
 15 miles from the non-public school
 ___ Student/s live more than 15 miles
 from the non-public school.

 Signature

 (Please Print Name)

Mailing Address: _____
 Home Phone: _____
 Work Phone: _____

Student's First Name	Student's Last Name	Date of Birth	Grade

Please return this form to the Superintendent's Office at PO Box 259 Berlin, NY 12022 as soon as possible, but in any case no later than April 1st of the prior school year you are requesting transportation for.