

Seton Catholic Central School Transportation Request Form

Do not return this form to Seton Catholic. Please return to the Transportation Dept. in your school district. A new form is required annually.

School District	
Student Name	
Student's Mailing Address (street, city and zip)	
Location of Home (if different from mailing address)	
School Attending	Seton Catholic Central
Age	
Grade (in September)	

In accordance with the laws of the State of New York, I hereby request transportation for the child/children listed above. I hereby mentioned school to act as my representative in requesting transportation in this and subsequent years. This authorization is valid until revoked.

(Parent/Guardian)

Date

(Telephone Number)