PRIVATE SCHOOL TRANSPORTATION FORM FOR SOUTH COUNTRY CSD

TRANSPORTATION REQUEST FOR 2024-2025

My child resides in the South Country Central School District. In accordance with the laws of the State of New York, I hereby formally request transportation for my son/ daughter to:

NAME OF SCHOOL	**SCHOOL HOURS**
ADDRESS OF SCHOOL	**SCHOOL PHONE #**
CITY STATE ZIP CODE	**TODAY'S DATE**

In addition, I hereby notify you that I have authorized the Pr-8QM51.0 48.1C n f/P <MCID 31 BDC q40.68404.8173.76 15.12 reWBT