

Southern Cayuga Central School

Transportation Department 2384 State Route 34B Aurora, NY 13026

Request for Transportation for Nonpublic/Private School

Student:	Date of Birth:	Grade:
Mailing Address:	Physical Address: (if different from mailing)	
Parent/Guardian :	Parent/Guardian:	
Phone Number:	Phone Number:	
Email:	Email:	
School of Attendance:		
ment a centralized pickup point, or g rameters with the parent/guardian pr	ases where residency is outside of the fiftee group stop. In these instances, we will discu- tion to the start of transportation.	ss available locations and pa-
in accordance with the laws of the St	Parent/Guardian Name (prin	
hereby request transportation for my	child(ren) that are listed above.	
Sincerely,		
Parent/Guardian Signature		
Please remit to:		
Southern Cayuga Central School		
Attn: Transportation Department		

2384 State Route 34B Aurora, NY 13026 315-364-7683 (fax)