



LIBERTY CENTRAL SCHOOL DISTRICT
Business Office



Transportation Request

In accordance with New York State law, I hereby request transportation to:

_____ during the _____ school year.
(School Name)

Student Information

Student's Name: _____

Grade Entering: _____ Date of Birth: _____

Parent/Guardian Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone#: _____ Cell Phone #: _____

Nearest Cross Street or Reference Point: _____

Emergency Contact Name: _____

Home Phone#: _____ Cell Phone #: _____

In addition to making this request directly, I wish to inform you that I have authorized the Principal of _____ his/her successor in that position, to be my representative in requesting transportation for my child.

This authorization shall remain effective for the _____ school year, or unless I expressly revoke this request.

Parent/Guardian Signature: _____

Date: _____

Notes: This request must be received by the Liberty Central School District Board of Education no later than April 1st of every year for the coming school year.
Updated 1/2024