

LAKE SHORE CENTRAL SCHOOL DISTRICT REQUEST FOR TRANSPORTATION TO PRIVATE AND PAROCHIAL SCHOOLS

In accordance with the State Education Department Law, this request form must be received by Lake Shore's Transportation Department no later than April 1st.

Upon completion of this application, please remit to:

**Lake Shore Central School's Transportation Department Office
8710 North Main Street, Angola, NY 14006
FAX # (716) 549-4369 email: transportation@lscsd.org**

This application is for the _____ school year. Today's date is _____

I am requesting transportation to the following school:

↑ SCHOOL NAME	↑ PHONE NUMBER	
↑ STREET ADDRESS	↑ CITY	↑ ZIP

I am requesting transportation for the following student:

↑ STUDENT NAME	↑ GRADE	↑ DATE OF BIRTH
↑ STREET ADDRESS	↑ CITY	↑ ZIP
↑ PARENT/GUARDIAN NAME (S)		
↑ HOME PHONE NUMBER	↑ WORK/EMERGENCY NUMBER	
↑ SCHOOL STUDENT LAST ATTENDED		

LAKE SHORE CENTRAL SCHOOLS TRANSPORTATION DEPARTMENT PHONE NUMBER IS (716) 926-2240

TO BE COMPLETED BY LAKE SHORE CENTRAL SCHOOL'S TRANSPORTATION OFFICE

AM ROUTE		PM ROUTE	
AM TIME		PM TIME	
DRIVER NOTIFIED		PARENT NOTIFIED	
		SCHOOL NOTIFIED	