

# 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 1<sup>st</sup>.***

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](mailto: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	
<b><i>I am requesting transportation for the following student:</i></b>							
↑ STUDENT NAME				↑ GRADE		↑ DATE OF BIRTH	
↑ STREET ADDRESS				↑ CITY		↑ ZIP	
↑ PARENT/GUARDIAN NAME (S)							
↑ HOME PHONE NUMBER				↑ WORK/EMERGENCY NUMBER			
↑ SCHOOL STUDENT LAST ATTENDED							
<b>LAKE SHORE CENTRAL SCHOOLS TRANSPORTATION DEPARTMENT PHONE NUMBER IS (716) 926-2240</b>							
<b>TO BE COMPLETED BY LAKE SHORE CENTRAL SCHOOL'S TRANSPORTATION OFFICE</b>							
<b>AM ROUTE</b>				<b>PM ROUTE</b>			
<b>AM TIME</b>				<b>PM TIME</b>			
DRIVER NOTIFIED				PARENT NOTIFIED			
				SCHOOL NOTIFIED			