

**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 # 549-4369**

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		
<table border="1" style="width: 100%; height: 20px; margin: 5px auto;"> <tr> <td style="width: 100%;"></td> </tr> </table>				
↑ 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	