

# Holland Central School Transportation Department

NON-PUBLIC SCHOOL TRANSPORTATION REQUEST SCHOOL YEAR \_\_\_\_\_

## STUDENT INFORMATION:

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Start Date \_\_\_\_\_

School Attending \_\_\_\_\_

Transportation Requested \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon

## FAMILY INFORMATION:

Name(s) of Siblings	Date of Birth	School of Attendance	Grade
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

\_\_\_\_\_

DATE

\_\_\_\_\_

Signature of Parent/Legal Guardian

PLEASE SEND THIS FORM TO:

Suzanne Ehlers, Transportation Supervisor

Holland CSD Transportation

103 Canada Street, Holland NY 14080

Email: [sehlers@hollandcsd.org](mailto:sehlers@hollandcsd.org)

Phone: (716) 537-8261

Fax: (716) 537-8237