

## GENERIC TRANSPORTATION REQUEST FORM

I, \_\_\_\_\_ (Parent or Guardian) residing at

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Street and Mailing Address)

do hereby request transportation for my child/children from \_\_\_\_\_  
(Residing school District) to St Mary's - St Alphonsus Regional Catholic School, located at  
10-12 Church St, Glens Falls, NY 12801 for the school year of 20\_\_\_\_ 20\_\_\_\_ .

Please complete the following:

Name of Child	M/F	Date of Birth	Grade entering
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____

Parent/Guardian (1) Name: \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Emergency Ph #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

The following people have permission to take students from the bus stop in my  
absence. \_\_\_\_\_  
\_\_\_\_\_

Alternate Site Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alternate Site Contact Name: \_\_\_\_\_

Alternate Site Contact Phone: \_\_\_\_\_