



*"Education is the
Foundation for Success"*

667 Quaker Meeting House Rd.

Honeoye Falls, NY 14472

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2016-2017 REQUEST FOR PRIVATE SCHOOL TRANSPORTATION

MUST BE RETURNED BY: April 1, 2016

NAME AND ADDRESS OF PARENT(S)/GUARDIAN(S)

_____ Home Phone # _____
(name)

_____ Cell Phone # _____
(street address)

_____ Work Phone# _____
(town) (zip code)

Email Address: _____

Emergency Contact _____ Contacts Phone# _____

NAME OF SCHOOL REQUESTED:

(one form per school)

SCHOOL ADDRESS :

To be eligible for service, your home must be within 15 miles of the school you are requesting transportation to.

Please List Children

Child's Last	First	Middle I.	DOB	Sex	Grade

DATE: _____

PARENT SIGNATURE: _____

DATE RECEIVED _____ (OFFICE USE ONLY)