

MORAVIA CENTRAL SCHOOL  
PARENTS' REQUEST FOR SPECIAL TRANSPORTATION TO PAROCHIAL SCHOOL

We hereby request transportation for our children for the school year 20\_\_ to 20\_\_

To: \_\_\_\_\_ at \_\_\_\_\_  
(Name of School) (Full Address of School)

\_\_\_\_\_  
(Denomination of School) (City)  
School Principal: \_\_\_\_\_ School Telephone No: \_\_\_\_\_

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CHILDREN TO BE TRANSPORTED:	GR. IN SCHOOL GRADE	Circle Session Child will attend:
NAME OF CHILD: _____	BIRTHDATE _____	A.M. P.M. All Day
_____	_____	A.M. P.M. All Day
_____	_____	A.M. P.M. All Day
_____	_____	A.M. P.M. All Day

School day begins at: \_\_\_\_\_ A.M. and ends \_\_\_\_\_ P.M.

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FAMILY INFORMATION: Phone Number to reach  
Father's Name \_\_\_\_\_ him during the day: \_\_\_\_\_  
Phone Number to reach  
Father's Name \_\_\_\_\_ her during the day: \_\_\_\_\_  
Legal Residence: Road \_\_\_\_\_ Nearest Neighbors: \_\_\_\_\_  
Mailing Address: R.D.#1 \_\_\_\_\_ Post Office: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone No.: \_\_\_\_\_ Name of someone who can be contacted in  
Case parents cannot be reached in an emergency  
\_\_\_\_\_

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NOTE: The Law mandates that the Legal Residence of your children must be within 15 miles of the Parochial School by the shortest public highways which can be traveled.

Best Mileage by your calculations to the Parochial School requested: \_\_\_\_\_

Have your children been previously approved for transportation to Parochial School? \_\_\_\_\_

Has transportation been denied your children in previous year? \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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This request must be received at the District Office of Moravia Central School, Moravia, NY 13118 PRIOR to APRIL 1 of the school year previous to that for which transportation is requested.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent