Logo, company name

Description automatically generatedAddison Central School District

Transportation Department

14 Cleveland Drive

Addison, NY 14801

leldridge@addisoncsd.org

607-359-2415

**NON-PUBLIC TRANSPORTATION REQUEST FORM**

Please complete the information below if your child will be requiring ACSD transportation to a non-public school during the 2025/2026 school year. Please return this completed form via mail or e-mail to the attention of the Transportation Department. All forms must be received no later than April 1st to have transportation available the first day of school.

Non-Public School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Daytime Phone (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requested Transportation:**

**AM Only PM Only Both (AM/PM)**

**Office Use Only**

Bus/Van #: \_\_\_\_\_\_\_\_\_\_

Estimated Pick Up Time: \_\_\_\_\_\_\_\_\_\_\_ Estimated Drop Off Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_