

SCHOOL BUS TRANSPORTATION REQUEST

The undersigned, being the parent, parents,
Or legal guardian of:

School year 2020-2021

DOB _____ Age ____ Grade ____
DOB _____ Age ____ Grade ____
DOB _____ Age ____ Grade ____
DOB _____ Age ____ Grade ____
DOB _____ Age ____ Grade ____
DOB _____ Age ____ Grade ____

Residing at _____
(Indicate house number and street name)

(Indicate the nearest intersecting street)

Do hereby request that the _____ School District
furnish transportation for my child/children to:

During the _____ school year.

Date of Request _____ Signature _____

Telephone Numbers

_____(Home) _____(Emergency)
_____(Home) _____(Emergency)
_____(Home) _____(Emergency)

Must be submitted by April 1st of given year to:

Marathon Central School
P.O. Box 339
Marathon, NY 13803