

NON-PUBLIC SCHOOL TRANSPORTATION REQUEST

Board of Education
Lyons Central School District
10 Clyde Road
Lyons, New York 14489

Attn: Superintendent of Schools

Transportation is requested for my child/children to _____,
(Name of School)

_____ for the 2019-2020 school year.
(Address of School)

Child/Children's Name(s):

**Grade Level for
2020-2021 school year**

_____	_____
_____	_____
_____	_____
_____	_____

Parent's Name _____

Address _____

City, State, Zip _____

Phone Number _____

Parent's Signature _____ Date: _____

DUE NO LATER THAN APRIL 1ST