

Marion Central School District

Non-Public Transportation Request Form
(Return By April 1, 2018)

Parent/Gaurdian Name _____

Address _____

Home Number(s) _____

Cell Number(s) _____



Student(s) Name	Birth Date	School	Grade Level 2017 - 2018
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please arrange transportation for the 2018 - 2019 School Year in accordance with the Marion Central School District Transportation Policy.

Date: _____ Parent Signature _____

REQUEST MUST BE RETURNED BY APRIL 1, 2018

RETURN TO FORM TO:
Marion Central School District Transportation
4048 Park Dr.
Marion, NY 14505

Please note, we cannot transport students from another school district on the bus