



APPLICATION FOR TRANSPORTATION

To: _____ Board of Education or Board of Trustees
School District

I am requesting transportation for my child(ren) to and from Covenant Love Community School, 1768 Dryden Road, Freeville, NY 13068, Phone: 347-4413.

Parent/ Legal Guardian Signature

Date

STUDENT INFORMATION:

Table with 4 columns: Name, Date of Birth, Sex, Grade. Includes three rows of blank lines for student information.

Home Address:

Street Address, City, State Zip Code

Home Telephone: _____

Parent/Guardian Name: _____ Cell/Work Phone: _____

Parent/Guardian Name: _____ Cell/Work Phone: _____

Emergency Contact: _____ Phone: _____

TRANSPORTATION NEEDED: A.M. Only _____ P.M. Only _____ Both _____

Other (explain) _____

DAYCARE PICK-UP INFORMATION:

DAYCARE DROP-OFF INFORMATION:

Care Provider Name: _____ Care Provider Name: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

For School Use

I certify that the above named child(ren) is/are applying for enrollment in Covenant Love Community School for the _____ school year.

Covenant Love Community School Principal

Date