Rotterdam-Mohonasen Central Schools

Application for Transportation to a Non-Public School (2024-2025 School Year)

(Please complete one form for each school requested)

Transportation Date Received S	tamp				
This application must be received	ed by Apri	<u>l 1, 2024</u> to be eligible fo	r transpor	tation in the 2023-24 schoo	ol year.
NAME OF SCHOOL ATTENDIN	IG:				
PLEASE COMPLETE THE FOLLOW	/ING.				
Parent/Guardian Name:					
Street Address:					
City or Town:					
Home Phone:		Work Phone:			
I am requesting that the Rotterd	am-Moho	nasen Central Schools pro	vide trans	portation for my child(ren)	listed below to
Child's Name	Sex	Date of Birth	Age	Grade Entering in Fall	7
					_
					1
					1
					1
					_
My child will require transportat	ion (circle	all that apply) AM PM	To an	d from HOME DAYCAI	RE
Day Care Provider		(must be	within the	e Rotterdam-Mohonasen Sc	chool District)
Day Care Address Phone number:					
This application must be recall new residents must go to be required.	=	-			-
Please read statement below	, then sig	n and date			
I am aware that all non-publi the Rotterdam-Mohonasen C best of my knowledge.			•	•	
(Parent signature)				(Date)	

Please send to: Mohonasen Transportation Department, 2072 Curry Rd, Schenectady, NY 12303

Fax number: 518-356-8269. E-mail: Transportation@mohonasen.org