

REQUEST FOR TRANSPORTATION FORM

To be mailed to your local school business office by 4/1

(Date)

(Name)

(Address)

(City, State, Zip)

(Phone Number)

Chairman – Board of Education

(School District)

(Address)

(City, State, Zip)

To Whom It May Concern:

I am requesting transportation for . . . (Name(s) of child/children) _____

for the school year _____ - _____ to Faith Bible Academy located at 106 Crosby Road in the town of Root, Montgomery County, New York.

I believe that my home is within 15 miles of Faith Bible Academy and therefore, I am entitled to this transportation under Section 3635 of the Education Law. Thank you so much for your consideration in this matter.

Yours Truly,

Signature of Parent/Guardian