

TRANSPORTATION REQUEST FORM
Private and Parochial Schools

To: East Syracuse Minoa School District
Transportation Supervisor
7225 N Central Ave
E Syracuse, NY 13057

Phone: 315-434-3460
Fax: 315-434-3470
Email: Transportation@ESMSchools.org

**This Transportation request form MUST BE SUBMITTED BY
APRIL 1st of EACH SCHOOL YEAR to the above address.**

Date: _____

In accordance with the laws of the State of New York, I hereby formally request transportation for my son/daughter (Student Name)_____

School of attendance (School Name):_____

In Onondaga County, during the 20__ - ____ school year accordance with the governing New York State Laws. The pupil for whom I am requesting transportation is years of age and will enter grade ____ in September 20___. The pupil's legal residence is:

Address: _____

Phone: _____ Cell: _____

If your student will be going to or from another location for daycare; please go to ESMSchools.org website and fill out the long term request form and attach the request to your original application.

Parent/Guardian Signature:_____

Print Name: _____