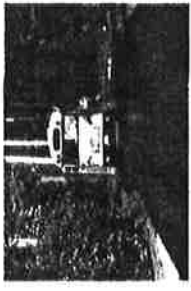


QUEENSBURY SCHOOL

421 Aviation Rd.
Queensbury, NY 12804
Phone (518) 824-5660
Fax (518) 824-5655



Transportation Request

Date: _____

I, _____ (Parent or Guardian)

residing at _____ (Street and Mailing Address)

do hereby request transportation for my child/children from **Queensbury School** to
_____ for the school year of 20____ - 20____
(Name of Non-Public School)

The following information is necessary:

Name of Child	Sex	Date of Birth	Grade Just Completed
_____	M/F	_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____

Fathers Name: _____

Mothers Name: _____

_____ (Signature of Parent or Guardian)

Home Phone # _____

Emergency Phone # _____

Mom's Work Phone # _____

Dad's Work Phone # _____

Sitter Information:

PLEASE CHECK

Name of Sitter: _____

TO SCHOOL _____ From Sitter M TU W TH F

Sitter Address: _____

_____ From Home M TU W TH F

Sitter Phone: _____

FROM SCHOOL _____ To Sitter M TU W TH F

_____ To Home M TU W TH F