SOUTH GLENS FALLS CENTRAL SCHOOL DISTRICT
6 Bluebird Road
South Glens Falls, NY 12803

TRANSPORTATION INFORMATION

Please mail or fax to 793-2057

PLEASE NOTE:

Must be received by South Glens Falls Central School District **no later** than **April 1** in order to be approved.

Date: _____

I, _____ residing at _____
(Name of Parent) (Street and Mailing Address)

_____, do not/do hereby request transportation for my child/children

from SOUTH GLENS FALLS CENTRAL SCHOOL DISTRICT to
(Public School District)

_____ _____ for
(Name of Parochial/Private School) (Address)

the school year 20__ - 20__. The following information is necessary:

NAME OF CHILD	BIRTHDATE	GRADE ENTERING	SCHOOL NOW ATTENDING