



RETURN FORM TO:

Saranac Central School
Transportation Department
PO Box 8
Saranac, NY 12981
Phone: (518) 565-5630
Fax: (518) 565-5637

REQUEST FOR TRANSPORTATION TO A NON-PUBLIC SCHOOL

DEADLINE: April 1st, 2023

Student: _____ Grade: _____ Non Public School: _____ Transportation: _____

Parent Info:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Residency Statement:

I hereby certify that I am a resident of the Saranac School District and it is my intention that all the student(s) named above will be enrolled at the school(s) for the school year beginning September 2023.

Signature of Parent/ Guardian

Date

Hereby request transportation for my child(ren) residing with me, whose name(s) are listed above to and from school(s) named above during the 2023-2024 school year.

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For office use only.

Approved by: _____
Mileage from home to school: _____