



*"Education is the
Foundation for Success"*

667 Quaker Meeting House Rd.
Honeoye Falls, NY 14472

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2018-2019 REQUEST FOR PRIVATE SCHOOL TRANSPORTATION

MUST BE RETURNED BY: April 1, 2018

NAME AND ADDRESS OF PARENT(S)/GUARDIAN(S)

_____ Home Phone # _____
(name)

_____ Cell Phone # _____
(street address)

_____ Work Phone# _____
(town) (zip code)

Email Address: _____

Emergency Contact _____ Contacts Phone# _____

NAME OF SCHOOL REQUESTED: _____
(one form per school)

SCHOOL ADDRESS : _____

To be eligible for service, your home must be within 15 miles of the school you are requesting transportation to.

Please List Children

Child's Last	First	Middle I.	DOB	Sex	Grade

Check type of transportation needed:

Daily AM _____ Daily PM _____ As Needed AM _____ As Needed PM _____

DATE: _____

PARENT SIGNATURE: _____

DATE RECEIVED _____ (OFFICE USE ONLY)