



Cheri Martindale
Director of Transportation

Non-Public Transportation Request
This form must be completed by April 1st of each school year

I, _____
(Parent or Guardian)

residing at _____
(Street and Mailing Address)

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

Please complete the following:

Name of Child	M/F	Date of Birth	Grade entering
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Signature of Parent/Guardian _____

Home Phone #: _____ Emergency Phone #: _____

Work Phone #: _____ Cell Phone #: _____

The following people have permission to take students from the bus stop in my absence. _____

Sitter Information: If you use a sitter please complete the Alternate Site form which which can be downloaded at <http://www.queensburyschool.org/Transportation/index.htm>.