## **Rotterdam-Mohonasen Central Schools**

## **Application for Transportation to a**

Non-Public School (2025-2026 School Year)

(Please complete one form for each school requested)

Transportation Date Received Sta	amp				
This application <u>must be received</u>	d by April	1, 2025 to be eligible for	transport	tation in the 2025-26 scho	ol year.
NAME OF SCHOOL ATTENDING	6:				
PLEASE COMPLETE THE FOLLOWI	NG.				
Parent/Guardian Name:					
Street Address:					
City or Town:					
Home Phone:		Work Phone:			
I am requesting that the Rotterda	m-Mohor	nasen Central Schools prov	vide transp	portation for my child(ren)	listed below to
Child's Name	Sex	Date of Birth	Age	Grade Entering in Fall	7
My child will require transportation	n (circle	<u>l</u> all that apply) AM PM	To an	<u> </u> d from HOME DAYCA	 \RE
Day Care Provider		(must be	within the	Rotterdam-Mohonasen S	school District)
Day Care Address			Phone r	number:	
This application must be received.  All new residents must go to to be required.	_	•			
Please read statement below,	then sig	n and date			
I am aware that all non-public the Rotterdam-Mohonasen Ce best of my knowledge.			•	•	
(Parent signature)			(Date)		

Please send to: Mohonasen Transportation Department, 2072 Curry Rd, Schenectady, NY 12303

Fax number: 518-356-8269. E-mail: Transportation@mohonasen.org