



## Transportation Request

Complete this form only if you are requesting transportation for the coming school year.

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip Code: \_\_\_\_\_

Residing in: \_\_\_\_\_ Public School District

Attending: Notre Dame Jr/Sr High School

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

This is to certify that I hereby appoint the principal of the above school to act as my authorized representative to request transportation to and from school under the provisions of the Speno Act for the students mentioned above.

This authorization shall remain in effect while I have my child(ren) in attendance at this school or until I expressly revoke it in writing.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Note: The school must submit this request to the public school district by April 1. Please return the signed form to the school by Monday, March 23, 2026, so it can be processed on time.**