

# St. Mary's Alphonsus

REGIONAL CATHOLIC SCHOOL

10-12 Church Street,  
Glens Falls, NY 12801-6023  
(518) 792-3178  
Fax: (518) 792-6056  
www.smsaschool.org

**THIS FORM MUST BE FILED BEFORE APRIL 1st, EACH YEAR**

**In your home school districts Superintendent's Office**

## Transportation Request

Date: \_\_\_\_\_

I, \_\_\_\_\_  
( Parent or Guardian )

residing at \_\_\_\_\_  
( Street and Mailing Address )

do hereby request transportation for my child/children from \_\_\_\_\_ to  
\_\_\_\_\_ for the school year of 20\_\_\_\_ - 20\_\_\_\_ .  
( Name of Non-Public School )

### The following information is necessary:

Name of Child	Sex M/F	Date of Birth	Grade Just Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fathers Name: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ ( Signature of Parent or Guardian )

Home Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Mom's Work Phone # \_\_\_\_\_ Dad's Work Phone # \_\_\_\_\_

### Sitter Information:

Name of Sitter: \_\_\_\_\_

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

Sitter Phone: \_\_\_\_\_

### PLEASE CHECK

TO SCHOOL     From Sitter    M TU W TH F

From Home    M TU W TH F

FROM SCHOOL     To Sitter    M TU W TH F

To Home    M TU W TH F