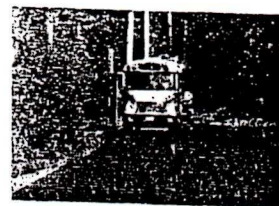


QUEENSBURY SCHOOL

421 Aviation Rd.
Queensbury, NY 12804
Phone (518) 824-5660
Fax (518) 824-5655



Transportation Request

Date: _____

I, _____
(Parent or Guardian)

residing at _____
(Street and Mailing Address)

do hereby request transportation for my child/children from **Queensbury School** 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Concerns: _____

Fathers Name: _____

Mothers Name: _____
(Signature of Parent or Guardian)

Home Phone # _____ Emergency Phone # _____

Mom's Work Phone # _____ Dad's Work Phone # _____

Sitter Information:

PLEASE CHECK

Name of Sitter: _____ TO SCHOOL From Sitter M TU W TH F

Sitter Address: _____ From Home M TU W TH F

Sitter Phone: _____ FROM SCHOOL To Sitter M TU W TH F

To Home M TU W TH F

Check if applies: _____

I would like to use Transportation Busing in Emergency only. Yes _____