

**SETON CATHOLIC CENTRAL
70 SEMINARY AVE.
BINGHAMTON, NY 13905**

TRANSPORTATION

TO WHOM IT MAY CONCERN:

In accordance with Section 3635 of the New York State Education Law, I hereby formally request transportation for the following students from the

OWEGO APALACHIN CENTRAL _____ School District

STUDENT NAME	AGE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

to Seton Catholic Central, Broome County, during the 2015-2016 School Year. The pupil(s) for whom I am requesting transportation reside(s) at:

In addition to making this request directly, I wish to inform you that I have authorized the Principal of Seton Catholic Central, or his/her successor in that position, to be my representative in requesting transportation for my child.

This authorization is to remain in effect while I have my child/children in attendance at Seton Catholic Central or unless I expressly revoke this request.

Signature of Parent of Legal Guardian

**THIS FORM IS TO BE RETURNED TO SETON CATHOLIC CENTRAL BY
APRIL 1, 2015.**