

DRYDEN CENTRAL SCHOOL
Dryden, New York 13053

APPLICATION DATE:

**APPLICATION FOR TRANSPORTATION NON-PUBLIC SCHOOLS AND DAY CARE
SCHOOL INFORMATION**

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

TELEPHONE: _____

TRANSPORTATION NEEDED: A.M. _____ P.M. _____ BOTH

STUDENT INFORMATION

NAME (S)	DATE OF BIRTH	SEX	GRADE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOME ADDRESS: _____

HOME TELEPHONE: _____

PARENT NAME: _____

WORK TELEPHONE: _____

EMERGENCY NAME: _____

TELEPHONE: _____

DAY CARE INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____

RETURN FORM BY APRIL 1 TO:

Linda Carr
Clerk of the Board
Dryden Central School
P. O. Box 88
Dryden, New York 13053