

Transportation Request

Date _____

I, _____

(Parent / Guardian)

Residing at _____

Mailing Address: _____

Do hereby request transportation for my child(ren) from

Public School District: _____

To: Kingsway Christian Academy
273 Green Barn Rd.
Hudson Falls, NY 12839

For the 20__ - 20__ school year.

The following information is necessary:

Name of Child	Date of Birth	Grade Completed	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please mail to: Hartford Central School District
Transportation Department
4704 State Route 149
Hartford, NY 12838
