



14665 State Route 22
New Lebanon, NY 12125

_____ school year

Date: _____

I hereby request transportation for my child/children to the following school:

Name and address of school: _____

My residence is located _____ miles from the above mentioned school. (Describe route used to measure mileage).

Date residence established in the New Lebanon Central School District: _____

Parent/Guardian name and address: _____

Telephone: _____ Signature of Parent or Guardian: _____

Name of Child	Date of Birth	Grade

This form must be completed and returned by April 1st to:

Chris Howe
New Lebanon Central School District
1478 Route 20
New Lebanon, NY 12125

When school is not in session at New Lebanon Central School, the District will not be providing transportation to any students attending a private school. Closings can occur due to weather, Superintendent's Conference days or vacations. Our calendar may be different from the calendar that your child's school follows. To view our District Calendar, please visit our website at: www.newlebanoncsd.org