

**APPLICATION FOR TRANSPORTATION**  
**Private/Parochial Schools**  
NORTH SYRACUSE CENTRAL SCHOOL DISTRICT  
Transportation Department  
5520 East Taft Road, Bldg. A  
North Syracuse, New York 13212  
Phone: 315-218-2107 Fax: 315-218-2184  
[transportation@nscsd.org](mailto:transportation@nscsd.org)

School Year September 2025 to June 2026

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_  
(Home) (Business)

Name of Parent/Guardian: \_\_\_\_\_

Address (if different than above) \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Grade (as of Sept. 2025): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female  
(Circle one)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

\*\*\*\*\*  
**RETURN ONE APPLICATION PER STUDENT TO THE ABOVE ADDRESS**  
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DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

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 Application Approved  Application Not Approved  
Reason \_\_\_\_\_  
\_\_\_\_\_

**Filing deadline - April 1:** This form is to be filed with the Director of Transportation, at the above address, no later than April 1 the preceding school year for which transportation is requested. If the request is filed after April 1, a reason for late filing must be written on the reverse side of this form. Please email completed form to: [transportation@nscsd.org](mailto:transportation@nscsd.org)