

**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 School District

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

to Seton Catholic Central, Broome County, during the 2018 - 2019 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/children.

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  
March 28, 2018.**