



Private Transportation

LOVE. LEARN. LEAD.

Private Transportation Permission

School year 20____-20____

Student(s) Name

Please complete the following to provide information regarding your child's transportation arrangements to and from school.

NOTE: THIS IS AN INFORMATIONAL FORM ONLY. THIS DOES NOT REPLACE YOUR NEED TO REQUEST BUSING FROM YOUR PUBLIC SCHOOL DISTRICT.

MY CHILD WILL BE USING PUBLIC SCHOOL BUS TRANSPORTATION EVERYDAY

Public school busing information:

School district providing busing to school _____

School district providing busing home from school _____

MY CHILD WILL BE TRANSPORTED BY PRIVATE CAR EVERYDAY

Private Transportation Information and Permission

My Student Will Be Transported By Car:

Mornings: (name of person providing transportation) _____

Afternoons: (name of person providing transportation) _____

I give my permission for the following people to transport my student to and from Lima Christian School as needed:

Name: _____

Name: _____

Name: _____

Name: _____



1574 Rochester St,
Lima NY, 14485



(585) 624-3841



@lcssaints



www.limachristian.org



(585) 624-8293



@limachristianschool