

Dear Parents:

If you are interested in inquiring about transportation, please complete the form below and return it to L. T. Transportation, Inc. by **email or mail**. The bus company will contact you to discuss your specific needs.

**email or mail to: L. T. Transportation
45 Park Avenue
Mt. Vernon, NY 10550**

**phone: (914) 826-6118
e-mail: Erore1883@gmail.com**

I am interested in transportation to the Hudson Country Montessori School, New Rochelle for **2024/25** **School Year**. Please contact me as soon as possible.

Name of Parent _____

Name of Child/Children _____

Mailing Address _____

City _____ State _____ Zip _____

Transport Address (if different from above mailing address)

Nearest cross street to transport address: _____

Telephone: Home _____ Work _____

Session to be transported: Morning _____ Mid Day _____ Full Day _____

Date service to begin _____