

APPLICATION FOR TRANSPORTATION FOR THE 2019-2020 SCHOOL YEAR

**** This form MUST be completed yearly, whether or not transportation is needed. ****

TRANSPORTATION OF STUDENTS TO NON-PUBLIC & CHARTER SCHOOLS

In accordance with NYS Education Law, Section 3635, parents or legal guardians of students residing within our school district desiring to have their child receive transportation to a non-public or charter school located within fifteen miles of the district, must complete **one application for each student** and submit the application to this department **NO LATER THAN April 1, 2019**. Requests received after April 1, 2019 are subject to **denial**. New residents after April 1 must submit a written request within thirty (30) days after establishing their residency in the district. Transportation requests must be renewed each year.

TRANSPORTATION WHEN THE PUBLIC SCHOOL IS NOT IN SESSION

Transportation will not be provided to any school when the Cheektowaga Central Schools are closed due to weather conditions, nor will transportation be provided to any school that is located within the boundary of a public school that is closed due to weather conditions. Transportation will not be provided when Cheektowaga Central Schools, as listed in the school calendar, are not in session, including staff development days.

* Use one form for each child
* Please fill out the additional questions on the back of this form

Student Name (Last, First, Middle) _____ Gender M F Grade (2019-20) _____

Student Date of Birth ____/____/____ Home Phone: _____
Cell Phone: _____

Street Address _____ City _____ Zip Code _____

Parent/Guardian Name (Print): _____

Parent/Guardian Email address (print): _____

School Attending 2019-20 _____

This child is living with (check all that apply)

- | | | | |
|---------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Both parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Foster Parent – DDS#2999 |

For office use only:

Student ID # _____

Bus Company
Notification Date: _____

By CCSD:
Initials _____

Notes:

Complete reverse side

REQUIRED RESIDENCY INFORMATION

Residence Type (check one) Own Rent

****Two proofs of residency must be submitted with this form annually.**

Photocopies of proofs are acceptable.

Transportation will NOT be arranged if residency proofs are not attached to this form.

- | | | | |
|--|---|---|----------------------------------|
| <input type="checkbox"/> Property Tax Bill | <input type="checkbox"/> House Deed | <input type="checkbox"/> Sale Contract/Insurance Bill | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Lease Agreement | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Car Insurance | <input type="checkbox"/> Pay |
| <input type="checkbox"/> Section 8 Notice | | | |

Note: If you are new to the District or moved to a new address within the District, you must contact the Registration Office at 716-686-3665 to schedule an appointment to provide residency information BEFORE bussing will be arranged.

Check all that apply

- I hereby certify that I am a resident of the Cheektowaga Central School District, the legal parent or guardian of the above named student, and that I am requesting transportation for the school year September 2019 to June 2020. I understand that this request is for the District's regularly scheduled school days only. Transportation will not be provided on days when the Cheektowaga Central School District is closed for inclement weather, nor will transportation be provided to any school that is located within the boundary of a public school that is closed due to weather conditions. Transportation will not be provided when Cheektowaga Central Schools, as listed in the school calendar, are not in session, including staff development days.
- Please check this box if your child will be going to a daycare provider before or after school, and complete the Alternate Transportation Request Form and attach it to this form.
- I am not requesting transportation for the school year September 2019 to June 2020.

Signature: _____ Date: _____

Please note: A separate form must be completed for each child in the family/residence.

RETURN TO:

Cheektowaga Central School District
Transportation Office
3600 Union Road
Cheektowaga, NY 14225

Phone: 716-686-3612 Fax: 716-686-3658 Email: busing@ccsd-k12.net

**ALTERNATE TRANSPORTATION REQUEST FOR STUDENTS
OF CHEEKTOWAGA CENTRAL SCHOOL DISTRICT**

As a convenience to its district residents, Cheektowaga Central School District will pick-up and drop-off students at daycare centers located within the boundaries of the District. The request must be consistent (daily). Requests for multiple pick-ups and drop-offs will not be honored. Please complete a separate form for each child for whom you are requesting daycare transportation.

Student ID _____

Student Name: _____ Gender Male Female

Address: _____ Zip Code: _____

Date of Birth: ____/____/____ Effective Date of Change: _____

Grade Level: _____ School Attending: _____

Name of Alternate Location: _____

Address of Alternate Location: _____

Daycare must be located in the District

Will alternate transportation be needed for AM? Yes No PM? Yes No

I certify that I am a resident of the Cheektowaga Central School District and the legal parent or guardian of the above named student.

Parent Name: _____ Telephone: _____

Parent Signature: _____ Date: _____

Please return this form to: **Transportation Office**
Cheektowaga Central School District
3600 Union Road
Cheektowaga, NY 14225

Phone: 716-686-3612 Fax: 716-686-3658 Email: dbender@ccsd-k12.net

Please allow a minimum of five (5) days for changes to take place.