

CHEEKTOWAGA-SLOAN UFSD

166 Halstead Avenue

Phone# (716)-891-6404

TRANSPORTATION REQUEST

School Year 2019-2020

New York State Education Law provides for the transportation of all students, within established limits, including those attending non-public schools. The Cheektowaga-Sloan Union Free School District surpasses minimum state walking distance mandates to help safeguard our students. Students are expected to walk a moderate distance, to and from a corner bus stop. Therefore, a house stop should not be expected. A separate form is required for each student requesting transportation services. Please complete both sides of this form.

Funds for transportation services are appropriated as part of the school district budget.

To comply with State Education Law you must submit this request form for transportation services. Mail to: **CHEEKTOWAGA-SLOAN UFSD, DISTRICT TRANSPORTATION OFFICE, 166 HALSTEAD AVE., SLOAN, NY 14212** no later than April 1, 2019. *Or, you may fax this form to (716) 891-6435. The filing of a late request may result in denial of transportation services.*

SPECIAL NOTE: Transportation requests must be renewed each year that your student will require bus service.

*Student Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone# _____

School Attending _____ Grade Sept. 2018 _____

School Address _____ Zip Code _____

School Phone# _____ School Fax # _____

I hereby certify that I am a resident of the Cheektowaga-Sloan Union Free 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-Sloan Union Free School District is closed.

Parent/Guardian Signature Required

Date

*All new students requesting transportation to a private, parochial or charter school must formally register with the School District and provide a complete registration package. This includes providing 3 proofs of residency to qualify for transportation services. Examples of proofs of residency are listed on back of this form. Complete details regarding registration can be found on the District's web site at www.cheektowagasloan.org. Please call 891-6427 to make an appointment with our Registrar.

Form Continued – Please See Reverse Side

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Students Name: _____

Parent/Guardian Information

Mothers Name: _____ Custodial Parent _____ Resides in Household _____

_____ yes no yes no Ph. # _____

Alt Ph. # _____

Fathers Name:

_____ yes no yes no Ph. # _____

Alt Ph. # _____

Emergency Contact Name:

_____ Phone # _____

Alternate Emergency Contact:

_____ Phone# _____

Residence Type own rent

***Required Proof of Residency - Three (3) original documents must be submitted**

Property Tax Bill House Deed Utility Bill(s) Cell Phone Bill

Lease Agreement Bank Statement Pay Stub Other

Section 8 Notice Car Insurance Home Sale Contract

Student Information

Child's Name _____

Place of Birth _____ County of Birth _____

NOTES: _____
