



**CLEVELAND HILL UNION FREE SCHOOL DISTRICT
STUDENT REQUEST FOR TRANSPORTATION
(for Non-Public Schools)**

NEW YORK STATE LAW SETS APRIL 1st of the prior school year AS THE DEADLINE FOR ALL APPLICATIONS
Those received after that date may not be accepted.

Student's Name _____

Address _____

City _____ State _____ Zip _____

CHARTER SCHOOLS: 2 PROOFS OF RESIDENCY ARE REQUIRED WITH THIS APPLICATION
EX: CONTRACT OF SALE, LEASE, UTILITY BILL, PROPERTY TAX BILL, ETC.

Date of Birth _____ Gender _____

BIRTH CERTIFICATE OR OTHER PROOF OF AGE IS REQUIRED FOR ALL KINDERGARTEN REGISTRANTS

Grade Level _____ Effective Date _____

To What School _____ Address _____

Additional Transportation Information

Will Transportation be needed for AM? Yes No PM? Yes No

Will Transportation be needed every day? Yes No

If no, please check days needed below

AM: Monday Tuesday Wednesday Thursday Friday

PM: Monday Tuesday Wednesday Thursday Friday

NOTE: Occasional rider should call Laidlaw for service when needed. Transportation will be made to and from **HOME ADDRESS ONLY**. Any special arrangements must be made through the Transportation Department of Cleveland Hill School District.

Parent/Guardian Name _____ Telephone(____)_____

EMERGENCY CONTACT: (Relative or Neighbor)

Name _____ Relationship _____

Address _____ Telephone(____)_____

Signed _____ Date _____

Signature of Parent/Guardian

PLEASE RETURN COMPLETED APPLICATION TO:

Transportation Department
Cleveland Hill School District
105 Mapleview Road
Cheektowaga, NY 14225-1599

For Office Use: Received _____
Recorded _____
Copy To: Terminal _____
Attendance _____