

# CHEEKTOWAGA-SLOAN UFSD

166 Halstead Avenue

Phone# (716)-891-6404

TRANSPORTATION REQUEST

School Year 2014-2015

State Education Law provides for the transportation of all students, within established limits, including those attending non-public schools. The Cheektowaga-Sloan 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. Please complete both sides of form.

Funds for transportation services are appropriated as part of the school district budget. This is in addition to textbook, computer software, library materials, health and psychological services provided to private, parochial and charter school pupils residing in the Cheektowaga-Sloan Union Free School District.

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, 2014. 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** you require bus service for your child/children.

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(Please complete both sides of this form.)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

School Attending \_\_\_\_\_ Grade Sept. 2014 \_\_\_\_\_

School Address \_\_\_\_\_ Zip Code \_\_\_\_\_

School Phone# \_\_\_\_\_ School Fax # \_\_\_\_\_

I hereby certify that I am a resident of the Cheektowaga-Sloan School District, the legal parent or guardian of the above named student(s) and that I am requesting transportation for the school year **September 2014 to June 2015**. 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 School District is closed.

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Parent/Guardian Signature Required

Date

**\*All new student(s) requesting transportation to a private, parochial or charter school must provide \*2 proofs of residency to qualify for transportation services.**

**(\*Proof examples are listed on back of this form)**

**This form is not needed for students attending Theodore Roosevelt, Woodrow Wilson, John F. Kennedy Middle School or John F. Kennedy High School.**

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**Students Name:** \_\_\_\_\_

Parent/Guardian Information

**Mothers Name:** \_\_\_\_\_ **Resides in Household** \_\_\_\_\_ **Custodial Parent** \_\_\_\_\_

\_\_\_\_\_ ☐ 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 - Two (2) 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 Sales Contract

**Student Information**

**Child's Name** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_ **County of Birth** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

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