

**APPLICATION FOR TRANSPORTATION FOR THE 2018-2019 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, 2018**. Requests received after April 1, 2018 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 (2018-19) \_\_\_\_\_

Student Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

School Attending 2018-19 \_\_\_\_\_

This child is living with (check all that apply)

Both parents     Mother     Father     Grandparents  
 Stepmother     Stepfather     Legal Guardian     Foster Parent – DDS#2999

For office use only:

Student ID # \_\_\_\_\_ Bus Company \_\_\_\_\_ By CCSD: \_\_\_\_\_  
Notification Date: \_\_\_\_\_ 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.

- Property Tax Bill     House Deed     Sale Contract/Insurance Bill     Utility
- Lease Agreement     Bank Statement     Car Insurance     Pay
- 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 2018 to June 2019. 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 2018 to June 2019.

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: 716-686-3644

Fax: 716-681-5232

Email: [busing@ccsd-k12.net](mailto:busing@ccsd-k12.net)

## ALTERNATE TRANSPORTATION REQUEST FOR STUDENTS OF CHEEKTOWAGA CENTRAL SD

As a convenience to its district residents, Cheektowaga Central School District will pick-up and drop-off students at day care 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 Day Care transportation.

Student ID \_\_\_\_\_

Student Name \_\_\_\_\_ Gender \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Effective Date of Change \_\_\_\_\_

Grade Level \_\_\_\_\_ School Attending \_\_\_\_\_

Name of Alternate Location \_\_\_\_\_

Address of Alternate Location \_\_\_\_\_

Day Care 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 Cheektowaga Central School District and the legal parent or guardian of the above named student.

Parent Name \_\_\_\_\_ Telephone \_\_\_\_\_

Please Print

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Please return this form to: Transportation Office  
Cheektowaga Central School District  
3600 Union Road  
Cheektowaga, NY 14225  
Fax - 716-681-5232  
Phone - 716-686-3644  
Email - dadamczy@ccsd-k12.org

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

Revised