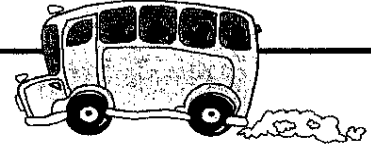


NON-PUBLIC SCHOOL TRANSPORTATION REQUEST FORM



Dear Parents of Private and Parochial School Students:

It is the policy of the Cheektowaga Central School District to offer transportation to district residents, both public and non-public, regardless of the distance the student lives from his/her school as long as it does not exceed fifteen miles. Depending on the particular bus route, students are expected to walk a moderate distance, usually less than one-half mile, to and from a bus stop. Therefore, a house stop should not be expected.

To comply with New York State law, you must request transportation by submitting the form below to the Cheektowaga Central School District Business Office **NO LATER THAN APRIL 1, 2009.**

Requests received AFTER April 1 are subject to denial. Transportation requests must be renewed each year.

RETURN TO: Cheektowaga Central School District
Business Office
3600 Union Road
Cheektowaga, New York 14225

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

Please Print

Student Name (Last, First, Middle)

Grade (2009-10)

Date of Birth

Gender

Telephone #

M F

Street Address

City

Zip Code

Parent/Guardian Name (Print)

This child is living with (check all that apply)

- Both Parents
 Mother
 Father
 Grandparents
 Stepmother
 Stepfather
 Legal Guardian
 Foster Parent - DDS#2999

School Attending 2009-10

I hereby certify that I am a resident of 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 2009 to June 2010. 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.

Signature _____

Date _____

PLEASE NOTE: This form is to be used for all non-public students in the Cheektowaga Central School District - one form for each child. Please fill out the additional questions on the back of this form. This form *will not* be needed if your child will be attending Cheektowaga Central High School (Gr. 9-12), Cheektowaga Central Middle School (Gr. 6-8), Union East Elementary (Gr. 2-5), or Pine Hill Primary Center (Gr. K-1) in the 2009-10 school year.

HOUSEHOLD INFORMATION

Family Name/Head of Household _____

(List names of people living in this household)

<u>Parent/Guardian</u>	<u>Resides in the Household</u>	<u>Custodial Parent</u>	<u>Telephone #</u>
Full Name of Father _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Full Name of Mother _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other <i>(Please specify relationship to child)</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other <i>(Please specify relationship to child)</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Residence Type (check one) Own Rent

Two Proofs of Residency Required (Copies of documents must be submitted)

**Note: If you provided proofs of residency last year, and have not moved, you do not have to resubmit proofs this year. If you have never provided proof, are new to the District, or have moved to a new address in the District, you must provide two proofs of residency.*

- Property Tax Bill House Deed Sale Contract/Insurance Bill Utility Bill
- Lease Agreement Bank Statement Car Insurance Pay Stub
- Section 8 Notice Notarized Letter from Home Owner

Student Information

Child's Social Security # _____ Date of First Polio Immunization _____

Place of Birth _____ Country of Birth _____

FOR GOVERNMENT AGENCY REPORTS

Race (check one)

- American Indian/Alaskan Black/Not Hispanic Hispanic
- Asian/Pacific Islander White/Not Hispanic Multi-Racial