CHEEKTOWAGA-SLOAN UFSD

166 Halstead Avenue Phone# (716)-891-6404 TRANSPORTATION REQUEST School Year 2020-2021

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. <u>Please complete both sides of this form.</u>

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, 2020. *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 Birt				
Address						
City	State	Zip	Phone#			
School Attending		Grade Sept. 2020				
School Address			Zip Code			
School Phone#	School	School Fax #				
I hereby certify that I am a resident guardian of the above named stude to June 2021. I understand that thi	nt and that I am requesting	transportation f	for the school year Septen			

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 Hou	sehold		
	yes no	□ yes □ no	Ph. #		
			Alt Ph. #		
Fathers Name:					
	yes no	🗌 yes 🗌 no	Ph. #		
Emergence: Contest Nome			Alt Ph. #		
Emergency Contact Name:					
	Phone #				
Alternate Emergency Contact:					
	Phone#				
Residence Type	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:					

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