Maryvale School System 1050 Maryvale Drive Cheektowaga, NY 14225 Phone (716) 631-7437 Fax (716) 631-7408

Private/Parochial/Charter School Transportation Request Form 2021-22 School

Year School your student will be attending in September 2021:			
School Address:			
Student's Name	Male or Female	Date of Birth	Grade in September
Please CIRCLE which time(s) of day your student will need transportation: AM PM Neither			
Home Address:			
		at if different from home (a	
Home Phone Number:		Emergency Name & Phone:	
Mother's Name: Cell/Work Number: (Please Specify)		Father's Name:	
PLEASE NOTE: • STUDENT MUST BE REGISTERED WITH MARYVALE SCHOOL DISTRICT. • IF ADDRESS IS DIFFERENT FROM LAST YEAR, TWO PROOFS OF RESIDENCY MUST BE SUBMITTED WITH THIS FORM. This form must be RESUBMITTED EVERY SCHOOL YEAR for your student(s) to be eligible for transportation. IF THIS FORM IS NOT COMPLETED AND RETURNED, NO BUS TRANSPORTATION WILL 1. BE ASSIGNED. YOU MAY FIND OUR FORM ON THE DISTRICT WEBSITE AS WELL. Any changes to a student's pick up or drop of location, must be turned into the Transportation			
Any changes to a Department 7 days in adva		op of location, must be turne	d into the Transportation
• • • • • • • • • • • • • • • • • • • •		vale District and you do NOT nay enter your child(ren) in the St	•
,	•	e School District, the legal parenation for the school year Septem	•
Signature of Parent:		Date:	
Please return this form NO LATER THAN APRIL 1, 2 to:		Ms. Tracy Garrison Maryvale Schools Transportation Department 1 Nagel Drive Cheektowaga, NY 14225	