

Cheektowaga Central School District
Transportation Department
3600 Union Road, Cheektowaga, NY 14225
Phone: (716) 686-3612
Fax: (716) 686-3658

APPLICATION FOR TRANSPORTATION FOR THE 2021-2022 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, 2021**. **Requests received after April 1, 2021 are subject to denial.** 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 inclement 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) _____ Gender _____ Grade (2021-22) _____

M F

Student Date of Birth ____/____/____ Home Phone _____

Cell Phone _____

Address _____ City _____ Zip Code _____

Parent/Guardian Name (Print) _____

Parent/Guardian Email address (print) _____

School Attending 2021-22 _____

This child is living with (check all that apply)

- | | | | |
|---------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Both parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Foster Parent – DDS#2999 |

For office use only:

Student ID # _____

By CCSD:

Initials _____

Please Complete reverse side

Student Name (Last, First) _____

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

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Property Tax Bill | <input type="checkbox"/> House Deed | <input type="checkbox"/> Home Insurance Bill | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Lease Agreement | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Car Insurance | <input type="checkbox"/> Pay Stub |
| <input type="checkbox"/> 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.

Check all that apply

I am requesting Transportation for the School Year September 2021 to June 2022. I hereby certify that I am a resident of the Cheektowaga Central School District, the legal parent or guardian of the above named student. 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. **An Alternate Transportation Request Form must be completed.**

I am **NOT** requesting Transportation for the School Year September 2021 to June 2022.

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**

Fax: 716-686-3658

Email: busing@ccsd-k12.net

cgrabowski@ccsd-k12.net