CHEEKTOWAGA-SLOAN UFSD

166 Halstead Avenue Phone# (716)-891-6404 TRANSPORTATION REQUEST School Year 2023-2024

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. Please complete both sides of this form.

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, 2023. Or, you may fax this form to (716) 891-6435. OR email it to choran@cheektowagasloan.org. 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 Birth
Address			
City			Phone#
School Attending			_Grade Sept. 2023
School Address			Zip Code
School Phone#	School Fax #		
I hereby certify that I am a resident guardian of the above named stude to June 2024. I understand that thi Transportation will not be provided	ent and that I am requesting s request is for the District	g transportation 's regularly sch	for the school year September 20 2 and addled school days only.
Parent/Guardian Signature Requ	nired		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.

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Students Name:				
Parent/Guardian Information				
Mothers Name:	Custodial Parent	Resides in Household		
	☐ yes ☐ no	☐ yes ☐ no Ph. #		
		Alt Ph. #		
<u>Fathers Name:</u>				
	yes no	☐ yes ☐ no Ph.#		
		Alt Ph. #		
Emergency Contact Name:				
		Phone #		
Alternate Emergency Contact:				
		Phone#_		
Residence Type				
*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:				