

Cheektowaga-Sloan Union Free School District Student Request For Alternate Transportation

Student's Name _____

Address _____ Effective Date _____

City _____ State _____ Zip code _____

School Attending _____ Grade _____

Alternate Location _____

*Alternate Address _____

***Address must be within the Cheektowaga-Sloan School District**

Alternate Transportation Information

Will Transportation be needed for AM? YES NO

Will Transportation be needed for PM? YES NO

Will Transportation be needed every day? YES NO

(If no, please circle days needed)

AM: Monday Tuesday Wednesday Thursday Friday

PM: Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Name _____ Phone# _____

Work Phone# _____ Cell Phone# _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone# _____ Alt Phone# _____

Signature _____ Date _____

Mail or fax completed request to child's school or District Transportation Office at Woodrow Wilson.

166 Halstead Avenue, Sloan, NY 14212 phone # 891-6404/fax# 891-6435