ALTERNATE TRANSPORTATION REQUEST FOR STUDENTS

OF CHEEKTOWAGA CENTRAL SCHOOL DISTRICT

As a convenience to its district residents, Cheektowaga Central School District will pick-up and drop-off students at daycare centers located within the boundaries of the District. The request must be consistent (daily). Requests for multiple pick-ups and drop-offs will not be honored. Please complete a separate form for each child for whom you are requesting daycare transportation.

	Student ID			
				Gender: 🛛 Male 🛛 Female
Address: Zip Code: _				Zip Code:
Date of Birth://_	Effect	ive	Date of	f Change:
Grade Level:	School Attending:			
Name of Alternate Location:				
Address of Alternate Location	:			
	Daycare	mus	t be locat	ted in the District
Will alternate transportation I	be needed for AM?	′es	🗖 No)
Will alternate transportation	be needed for PM?	Yes	🗖 No	0
Days requesting Alternate Tra	nsportation:			
Additional Information:				
I certify that I am a resident o of the above named student.	f the Cheektowaga Centr	al S	chool [District and the legal parent or guardiar
Parent Name:				Telephone:
Parent Signature:				Date:
Please return this form to:	Transportation Office Cheektowaga Central School District 3600 Union Road Cheektowaga, NY 14225			
Phone: 716-686-3612	Fax: 716-686-365	8		Email: cgrabowski@ccsd-k12.net

Please allow a minimum of five (5) days for changes to take place.