

**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 _____

Student Name: _____ Gender: Male Female

Address: _____ Zip Code: _____

Date of Birth: ____/____/____ Effective Date of Change: _____

Grade Level: _____ School Attending: _____

Name of Alternate Location: _____

Address of Alternate Location: _____

Daycare must be located in the District

Will alternate transportation be needed for AM? Yes No

Will alternate transportation be needed for PM? Yes No

Days requesting Alternate Transportation: _____

Additional Information: _____

I certify that I am a resident of the Cheektowaga Central School District and the legal parent or guardian of the above named student.

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: 716-686-3658

Email: cgrabowski@ccsd-k12.net

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