



ALTERNATE TRANSPORTATION REQUEST

As a convenience to its district residents, Cheektowaga Central School District will pick-up and drop-off students at daycare centers or alternate locations located within the boundaries of the District. The request must be consistent. 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 alternate transportation.

Alternate Transportation requests are only in effect for the current school year. A new request must be completed each school year if necessary.

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: _____

Must be located within the District

Will alternate transportation be needed for AM? Yes No

Will alternate transportation be needed for PM? Yes No

Will alternate transportation be needed every day? Yes No

If 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: busingi@ccsd-k12.net

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

You will be notified once the change is complete