



**CLEVELAND HILL UNION FREE SCHOOL DISTRICT  
STUDENT REQUEST FOR TRANSPORTATION  
(for Non-Public Schools)**

NEW YORK STATE LAW SETS APRIL 1<sup>st</sup> of the prior school year AS THE DEADLINE FOR ALL APPLICATIONS  
Those received after that date may not be accepted.

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CHARTER SCHOOLS: 2 PROOFS OF RESIDENCY ARE REQUIRED WITH THIS APPLICATION**  
EX: CONTRACT OF SALE, LEASE, UTILITY BILL, PROPERTY TAX BILL, ETC.

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

**BIRTH CERTIFICATE OR OTHER PROOF OF AGE IS REQUIRED FOR ALL KINDERGARTEN REGISTRANTS**

Grade Level \_\_\_\_\_ Effective Date \_\_\_\_\_

To What School \_\_\_\_\_ Address \_\_\_\_\_

Additional Transportation Information

Will Transportation be needed for AM?  Yes  No PM?  Yes  No

Will Transportation be needed every day?  Yes  No

If no, please check days needed below

AM:  Monday  Tuesday  Wednesday  Thursday  Friday

PM:  Monday  Tuesday  Wednesday  Thursday  Friday

NOTE: Occasional rider should call Laidlaw for service when needed. Transportation will be made to and from **HOME ADDRESS ONLY**. Any special arrangements must be made through the Transportation Department of Cleveland Hill School District.

Parent/Guardian Name \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT: (Relative or Neighbor)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

**PLEASE RETURN COMPLETED APPLICATION TO:**

Transportation Department	For Office Use:	Received _____
Cleveland Hill School District		Recorded _____
105 Mapleview Road	Copy To:	Terminal _____
Cheektowaga, NY 14225-1599		Attendance _____