

NORTH TONAWANDA CITY SCHOOL DISTRICT

STUDENT REQUEST FOR TRANSPORTATION

(for Non-Public Schools)

NEW YORK STATE LAW SETS APRIL 1st of the prior school year AS THE DEADLINE FOR ALL APPLICATIONS

This form is required to be submitted **annually**.

Those received after that date may not be accepted.

Studer	nt's Name						 		
Addres	ss								
City					State		Zip		
		ON: YOU MUST BE I							
Date o	f Birth		Ger	nder					
MII	LEAGE LIMITS: F	PER NYS LAW, TRAN TO 15 MILES FRO	NSPORTA M THE CE	TION TO ENTRAL F	A NONPUBLI PICKUP POIN	C SCH T.	OOL IS LIMITED		
Grade	Level		Effe	ective Da	te				
To Wh	at School		Ado	lress					
		A 1 1'4' 1 7							
\A## T		Additional 7					NI.		
Will In	ansportation be	needed for AM?	Yes	No	PM?	Yes	No		
Will Tr	ansportation be	needed every day?	Yes	No					
If no, p	lease check day	s needed below							
AM:	Monday	Tuesday	Wednes	sday	Thursda	ay	Friday		
PM:	Monday	Tuesday	Wednes	sday	Thursda	ay	Friday		
		will be made to an A bus pass may be							
Parent	/Guardian Name	e			Telephor	ne(_)		
EMER	GENCY CONTA	CT: (Relative or No	eighbor)						
Name					Relationship				
Address				Telephone()					
Parent	's Email Addres	s							
Signed	I	Signature of Pare	nt/Guardian		Date	·			
			CATION	TO (PLE	SE DO NOT	EMAI	L):		
North -	oortation Departr Fonawanda City dge Road			For Offi	ce Use Only:				
	Tonawanda NY	14120		Relationship					