



Churchville-Chili Central School District

Transportation Office

REQUEST FOR TRANSPORTATION FOR PRIVATE/PAROCHIAL or CHARTER SCHOOLS

- If this is the first year Churchville-Chili is providing transportation for your child, please contact our Registrar’s Office at 293-1800 ext. 2041 to register with our district
- THIS FORM IS REQUIRED TO BE SUBMITTED BY **APRIL 1st OF EACH YEAR**, or within 30 days of moving into the district
- We do **NOT** transport to Private/Parochial or Charter schools on days that Churchville-Chili Schools are not in session (Please refer to the Churchville-Chili Central School District Calendar at www.ccsd.org)
- Transportation will **NOT** be provided for early dismissals, parents/guardians must provide their own transportation on these days

Parent/Guardian Information:

Full Name: _____ Phone number: _____

Home Address: _____ Email address: _____

Student Information:

Student Name	Grade Entering	School

If you will be using childcare please complete a child care form

MAIL or FAX or SCAN/EMAIL this form to:

**Churchville-Chili Central School
Transportation Department
139 Fairbanks Road
Churchville, NY 14428**

293-4514 (fax)

CCTransportation@cccsd.org (email)

Parent/guardian signature: _____ Date: _____

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT
PRIVATE/PAROCHIAL/ CHARTER
STUDENT REGISTRATION FORM**

SCHOOL YEAR: _____

****PLEASE COMPLETE A SEPARATE SHEET FOR EACH SCHOOL IF YOU HAVE MORE THAN ONE CHILD AND THEY ATTEND DIFFERENT SCHOOLS.**

Name of Private, Parochial, or Charter School: _____

Student Information

Last Name	First Name	M/F	Date of Birth	Grade	Foreign Exchange Student? Y or N	CC School ID# To be completed by Registrar

Home Address _____ Home Phone# _____

TRANSPORTATION WILL BE TO AND FROM THE HOME ADDRESS ONLY UNLESS OTHERWISE SPECIFIED

Primary Parent/Guardian _____ / Relationship to Student: _____

Contact # (home) _____ Work _____

Living at the above address? YES NO

Primary Parent/Guardian _____ / Relationship to Student: _____

Contact # (home) _____ Work _____

Living at the above address? YES NO

EMERGENCY CONTACT INFORMATION (in the event we cannot reach primary Parent/Guardian(s))

Name: _____ Relationship to Student: _____

Contact # _____ Contact# _____

Submit this form to Churchville-Chili Central School District Administration Office, along with the Transportation Request Form and valid proof of residency (mortgage statement, tax bill or formal lease agreement).

This is to confirm that all of the information provided on this document is accurate and that I am a resident of the Churchville-Chili Central School District.

Parent Signature/Legal Guardian

Date