

**Cheektowaga-Sloan
Union Free School District
Student Request for Alternate/Daycare Transportation**

Student's
Name _____

Address _____ Effective Date _____

City _____ State _____ Zip code _____

School Attending _____ Grade _____

Alternate Location
(daycare, relative, etc.) _____

*Alternate
Address _____

*Address must be within the Cheektowaga-Sloan School District

Alternate Transportation Information

Will Transportation be needed for AM? YES NO

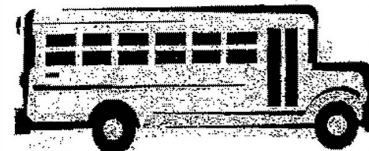
Will Transportation be needed for PM? YES NO

Will Transportation be needed every day? YES NO

(If no, please check off days needed)

AM: Monday Tuesday Wednesday Thursday Friday

PM: Monday Tuesday Wednesday Thursday Friday



Parent/Guardian
Name _____ Phone# _____

Work Phone# _____ Cell Phone# _____

Emergency Contact
Name _____ Relationship _____

Emergency Contact Phone# _____ Alt Phone# _____

Signature _____ Date _____

Mail or fax completed request to child's school or District Transportation Office at Woodrow Wilson.
Cheektowaga-Sloan UFSD, 166 Halstead Ave., Sloan, NY 14212
Fax: 716-891-6435
Email: pfuchs@cheektowagasloan.org