



## 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: 716-347-9536

Email: [busingi@ccsd-k12.net](mailto: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**