

GATES CHILI CENTRAL SCHOOL DISTRICT  
4 Spartan Way, Rochester, NY 14624  
(585) 247-4774 (585) 340-5596-Fax

APPLICATION FOR STUDENT TRANSPORTATION TO PRIVATE/PAROCHIAL SCHOOLS  
2016-2017 School Year

**Conditions**

Transportation is provided by the Gates Chili Central School District to only those Private/Parochial Schools approved by the Superintendent of Schools. **ONE** application for **EACH** school.

--Children, for whom transportation is being requested, must be age five on/or before December 1<sup>st</sup> of the school year for which application is being made.

--Applications must be submitted to the Board of Education by Gates Chili Central School District residents prior to **April 1<sup>st</sup> per The New York State Education Department Regulation** of the year in which transportation is needed in September. New residents to the District have until August 1<sup>st</sup> to file an application.

--Transportation to or from locations other than the legal residence (i.e. baby sitters) must be within the same attendance area as the school legally attended. Per Board of Education policy, written requests for such service must be filed annually in the Transportation Office by July 1<sup>st</sup> preceding each school year. Alternate location transportation **must be on a five-day per week** basis for the entire school year.

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TO BE COMPLETED BY PARENT/GUARDIAN

Parent/Legal Guardian Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

| <u>Student's Name</u> | <u>Date of Birth</u> | <u>Grade Entering</u> | <u>School</u> |
|-----------------------|----------------------|-----------------------|---------------|
| _____                 | _____                | _____                 | _____         |
| _____                 | _____                | _____                 | _____         |

Transportation requested: AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH \_\_\_\_\_ NONE \_\_\_\_\_

If only one way transportation is requested, in the event of an emergency, transportation can be provided. Please call (585)247-4774 as soon as possible.

AM Location – Pick up from:

PM Location – Drop off at:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_