



ROCHESTER CITY SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

835 Hudson Avenue

Rochester, NY 14621-4897

Tel: 585-336-4000

FAX No. 585-336-4193

2016-2017 SCHOOL YEAR

Application for Pupil Transportation for Residents of the City of Rochester to Non Public Schools

A new application must be submitted each year by April 1st.

Please complete one application for each child. In order to avoid delays, please print.

___ **New Application**

___ **Change of Address – Effective Date:** ___/___/___

___ **Change of Pickup/Drop Off Location – Effective Date:** ___/___/___

___ **Change of School – Effective Date** ___/___/___

Student's ID# _____ Student's Name _____

Home Address _____ Apt _____ Zip _____

Parent's Home Phone _____ Work Phone _____ Extension _____

Emergency Contact: _____ Phone: _____ Extension _____

School Attending 2016-2017 _____

Grade _____ Student Birth Date ___/___/___

Pick up Location if different from home (Only for Students in Grades K-8 and must be for 5 consecutive days)

Drop off Location if different from home (Only for Students in Grades K-8 and must be for 5 consecutive days)

Please check if your child has either of the following: **IEP** **504 Plan**

Date _____ Print Parent Name _____
Signature of _____
Parent or legal guardian _____

➤ **Parents: Please Read Important Information on the Reverse Side of This Form**

Bus Route Information: **FOR OFFICE USE ONLY**

For office use only

school code

Old Route Information _____

A.M. Route No. _____ Time _____ Effective _____

Location _____

P.M. Route No. _____ Time _____ Effective _____

Location _____

___ **RTS Pass**
___ **Other Reason for acceptance**

Mailed Denial on:
Date _____

___ **Under 1.5 miles**
___ **Out of District**
___ **Under 5 years old**