



ROCHESTER CITY SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

835 Hudson Avenue
Rochester, NY 14621-4897
Tel: 585-336-4000 FAX No. 585-336-4193

2018-2019 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 student. In order to avoid delays, please print.

Check One: _____ **New Application**
_____ **Change of Address – Effective Date:** ____/____/____
_____ **Change of Pickup/Drop Off Location – Effective Date:** ____/____/____
_____ **Change of School – Effective Date** ____/____/____

School Attending 2018-2019 _____

Student's ID# _____ **Student's Name** _____

Home Address _____ Apt _____ Zip _____

Parent's Home Phone _____ Work Phone _____ Extension _____

Emergency Contact: _____ Phone: _____ Extension _____

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 student has either of the following: IEP 504 Plan

Signature of Parent or legal guardian _____ **Date** _____

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

FOR OFFICE USE ONLY	School code: _____
Old Route: _____	Denial Reason: _____ Under 1.5 _____ Out of District _____ Under 1.5 years old Denial letter date: _____
New AM Route: _____ Eff Date: _____ Time: _____	*****
Location: _____	Power School Verification: Enrollment _____ Address _____ Babysitter _____
New PM Route: _____ Eff Date: _____ Time: _____	
Location: _____	
Director Initial Granting Exception _____ Date _____	