



Rochester City School District  
 131 West Broad Street  
 Rochester, New York 14614  
 (585) 262-8100

**2019-2020 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 1<sup>st</sup>.* Please complete one application for each student.

In order to avoid delays, please print and write legible.

**School Attending 2019-2020** \_\_\_\_\_

Student ID# \_\_\_\_\_ Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Student Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_ M \_\_\_ F

Home Address \_\_\_\_\_ Apt \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Extension \_\_\_\_\_

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

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

I have completed this form in its entirety and read the important information on the reverse side.

Print Parent or Legal Guardian Name \_\_\_\_\_

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**This section is FOR OFFICE USE ONLY**

\_\_\_\_\_

School Code

**Check if apply and attach supporting documents if needed:**

\_\_\_ Foster Care \_\_\_ McKinney Vento Act \_\_\_ Parent/Legal Guardian Disability (Grades K-2 only)

\_\_\_ Student Medical Disability

**Application denied:**

\_\_\_ Application Incomplete \_\_\_ Other \_\_\_\_\_