

Maryvale School System
1050 Maryvale Drive
Cheektowaga, NY 14225
Phone (716) 631-7437
Fax (716) 631-7446

Transportation Request Form for 2017-18 School Year

School your student will be attending in September 2017: _____

School Address: _____

Student's Name	Male or Female	Date of Birth	Grade in September

Please **CIRCLE** which time(s) of day your student will need transportation: **AM** **PM** **Neither**

Home Address: _____

Address your student will be picked up/dropped off at **if different from home** (alternate address must be within school district boundary): _____

Home Phone Number: _____ Emergency Name & Phone: _____
 Relationship to Student: _____

Mother's Name: _____ Father's Name: _____
 Cell/Work Number: _____ Cell/Work Number: _____
 (Please Specify) (Please Specify)

PLEASE NOTE:

- **STUDENT MUST BE REGISTERED WITH MARYVALE SCHOOL DISTRICT.**
- **IF ADDRESS IS DIFFERENT FROM LAST YEAR, TWO PROOFS OF RESIDENCY MUST BE SUBMITTED WITH THIS FORM.**

This form must be **RESUBMITTED EVERY SCHOOL YEAR** for your student(s) to be eligible for transportation. **IF THIS FORM IS NOT COMPLETED AND RETURNED, NO BUS TRANSPORTATION WILL BE ASSIGNED.**

Any changes to a student's pick up or drop of location, must be turned into the Transportation Department **7 days in advance for processing.**

If your student(s) attends a school outside the Maryvale District and you do **NOT** need transportation, please submit this form with proof of residency so that we may enter your child(ren) in the State database.

***I hereby certify that I am a resident of the Maryvale School District, the legal parent or guardian of the above named student(s) and that I am requesting transportation for the school year September 2017 to June 2018.

Signature of Parent: _____ Date: _____

Please return this form **NO LATER THAN APRIL 3, 2017** to: Ms. Laurie Bacon
 Maryvale Schools Transportation Department
 1050 Maryvale Drive
 Cheektowaga, NY 14225