



*Sweet Home Central School District
of Amherst and Tonawanda*

Transportation Office
1741 Sweet Home Road • Amherst, New York 14228
(716) 250-1435
Fax (716) 250-1439

TRANSPORTATION REQUEST FORM FOR PRIVATE AND PAROCHIAL SCHOOLS

Dear Parents:

In accordance with the New York State Education Law #3625, parents or guardians residing in this school district desiring to have their child transported to a private or parochial school outside the district boundaries (including Saint Christopher's) must submit a written request for such transportation by April 1, preceding the next school year. New residents after April 1, must submit a written request within thirty days after establishing their residence in the district along with proof of residency. Normal transportation processing is three to five days. As per Sweet Home School policy, the school needs to be exactly fifteen (15.0) measured miles, or less, from the student's residence. The mile measurement is based on the shortest possible route using normally travelled public roads from the student's place of residence to the attending school (not to be measured in a radius method).

Please complete the form below for **EACH INDIVIDUAL CHILD** requiring transportation and return it promptly to the Transportation Office. Please be aware of the fact that this form **MUST BE FILED EACH YEAR PRIOR TO APRIL 1.**

Thank you.

Robert Weselak
Sweet Home Transportation Supervisor

.....
DATE: _____

SCHOOL YEAR TRANSPORTATION IS BEING REQUESTED FOR (eg. 16/17, 17/18, etc..) _____

I AM REQUESTING TRANSPORTATION FOR MY CHILD AS FOLLOWS:

NAME OF STUDENT _____ MALE _____ FEMALE _____

ADDRESS OF STUDENT _____ ZIP _____

DATE OF BIRTH _____ PARENT/ GUARDIAN NAME _____

HOME PHONE # _____ EMERGENCY PHONE # _____

SCHOOL ATTENDING _____ GRADE IN SEPT. _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR CONCERNS THAT AS TRANSPORTERS,
WE WOULD NEED TO BE AWARE OF? YES _____ NO _____

IF YOU ANSWERED YES, PLEASE DO NOT INDICATE THE CONDITION OR SITUATION ON THIS FORM.
AFTER COMPLETEING AND SUBMITTING THE FORM, PLEASE, CONTACT THE TRANSPORTATION
SUPERVISOR TO SET UP A CONFIDENTIAL DISCUSSION REGARDING THE SITUATION.

TRANSPORTATION NEEDED (CHECK ONE) AM _____ PM _____ BOTH _____

PARENT/ GUARDIAN SIGNATURE _____

DATE RESIDENCY ESTABLISHED IN THIS SCHOOL DISTRICT: _____

IF THIS IS A LATE REQUEST, PLEASE STATE REASON: _____