

2019-2020 SCHOOL YEAR (7/1/19 – 6/30/20)

REQUEST OR CHANGE (CIRCLE ONE)

A NEW FORM MUST BE COMPLETED EVERY SCHOOL YEAR AND FOR ANY CHANGES DURING YEAR COMPLETED FORM NEEDS TO BE RETURNED TO THE BUSINESS OFFICE- 260 STATE STREET BUSINESS ADMINISTRATOR

Phone: 585-343-2480 EXT. 1002; Fax: 585-344-8204

BATAVIA CITY SCHOOL DISTRICT

Transportation Requirements: **Allow 3 days to process request**

JACKSON SCHOOL	Pre-K, K and Grade 1 – provided for all, IF requested
JOHN KENNEDY	Grades 2,3,4 – greater than 0.50 mile or outside city limits
MIDDLE SCHOOL	Grades 5,6,7,8 – greater than 1.00 mile or outside city limits
HIGH SCHOOL	Grades 9,10,11,12 – greater than 1.50 miles or outside city limits

COMPLETE A SEPARATE FORM FOR EACH CHILD (must be completed by Parent/Guardian)

Child's Name:	DOB:	Grade:	M/F:
(Check one) School: <input type="checkbox"/> Jackson <input type="checkbox"/> John Kennedy <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Other:			
Parent/Guardian Name:		Phone: (H)	(Cell):

Emergency Contact (other than parent):	Relationship to child:
Phone: (H) (Cell):	

<u>Student Home Address</u>	<u>Day Care/ Babysitter: AM</u>	<u>Day Care/ Babysitter: PM</u>
Street Address:	Street Address:	Street Address:
City:	City:	City:
IS THIS A CHANGE OF ADDRESS? YES or NO (circle one)	Name:	Name:
	Phone:	Phone:

Please put a (x) in a box to select pick up and drop off locations. You **MUST** make a selection for each day of the week.

Pick Up A.M.	Home	Daycare/Babysitter	No Transport	Drop off P.M.	Home	Daycare/Babysitter	No Transport
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			

➔ Parent Signature: _____ Date Submitted: _____

Additional Parent Comments: _____ Requested Effective Date: _____

Completion by District:

Student ID #: _____ Check if IEP Requirement:

Check if Dr. Script:

Completion by Bus Company: _____ Request is APPROVED/DENIED (circle)

Effective Date: _____

Mileage before school: _____ AM Bus# _____

Mileage after school: _____ PM Bus # _____

Date Contact Made with Parent: _____ Comments: _____