

**Keshequa Central School District**

Transportation Department  
PO BOX 517, Nunda, NY 14517  
Fax: 585-476-2318

**2018/2019 Annual Transportation Application**  
**Private / Parochial and Charter Schools**

**DIRECTIONS:**

1. Your child must be school age to be eligible for transportation (age 5 by December 1<sup>st</sup> of the year of this request)
2. A separate form must be used for each child
3. Kindergarten students please indicate AM/PM or Full day session
4. Forms must be received, **Per NYS Education Law, no later than April 1<sup>st</sup> of the preceding school year**
5. Allow 5 business days for processing
6. Fax copies will be accepted

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Start Date: \_\_\_\_\_

Students Name: \_\_\_\_\_    
Last Name First Name M F

Date of Birth: \_\_\_\_\_

**Parent/Guardian Info:**

\_\_\_\_\_  
Name Home Address Home # Cell #

**Child Care Provider: (if applicable)**

\_\_\_\_\_  
Name Address Contact#

*Place a check (✓) in the appropriate boxes. You must make a selection for each day of the week for both Pick Up and Drop Off*

**BEFORE SCHOOL PICK UP**

	Home	Child Care	No Transport
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

**AFTER SCHOOL DROP OFF**

	Home	Child Care	No Transport
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

*My signature certifies that I am the parent/legal guardian of the above student and authorized to request transportation to/from the location (s) listed above. I verify that the student resides with me at the address indicated.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian