

A NEW FORM MUST BE COMPLETED EVERY SCHOOL YEAR AND FOR ANY CHANGES DURING THE 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 Criteria:
 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	Male Female
Parent/Guardian Name	Home Phone	Cell Phone	

Emergency Contact (other than parent)	Relationship to Child
Home Phone	Cell Phone

<u>Student Home</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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name	Name
	Phone	Phone

Please select the pickup *and* drop off locations. You **MUST** make a selection for each day of the week.

Pickup AM	Home	Daycare/Babysitter	NO BUS NEEDED	Drop Off PM	Home	Daycare/Babysitter	NO BUS NEEDED
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			

Parent/Guardian Signature _____ Date Submitted: _____
 Or 6-Digit Session Key from Online Pre-Registration Requested Effective Date: _____

Additional Parent Comments:

To be completed by the District:
 Student ID: _____ Check if IEP Requirement
 Check if Dr. Script

To be completed by the STA:
 Request is APPROVED DENIED Effective Date: _____

Mileage before school: _____ AM Bus #: _____
 Mileage after school: _____ PM Bus #: _____
 Date Contact Made With Parent: _____ Comments: _____