



# CLEVELAND HILL UNION FREE SCHOOL DISTRICT

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105 Maplevue Road, Cheektowaga, NY 14225-1599  
Phone: 716 836-7200 • Fax: 716 836-0675  
MS/HS Fax: 716 836-7741 • ES Fax: 716 836-3700

January 28, 2021

To: Transportation Department:

Attached please find a copy of the **Transportation Form** (Non-Public Schools) that needs to be filled out by the students living in our District and **attending your School**. You can also find the form on our website [www.clevehill.wnyric.org](http://www.clevehill.wnyric.org).

Please have the parents send the form to us before the deadline of **April 1, 2021**, for the next School year **September 2021-June 2022**.

Thank you.

(Bea) Biserka K. Tabar  
CLEVELAND HILL UFSD  
105 Maplevue Rd.  
Cheektowaga, NY 14225

716-836-7200 X 8580  
[btabar@clevehill.org](mailto:btabar@clevehill.org)



**CLEVELAND HILL UNION FREE SCHOOL DISTRICT  
STUDENT REQUEST FOR TRANSPORTATION  
(for Non-Public Schools)**

NEW YORK STATE LAW SETS APRIL 1<sup>st</sup> of the prior school year AS THE DEADLINE FOR ALL APPLICATIONS  
Those received after that date may not be accepted.

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CHARTER SCHOOLS: 2 PROOFS OF RESIDENCY ARE REQUIRED WITH THIS APPLICATION**  
EX: CONTRACT OF SALE, LEASE, UTILITY BILL, PROPERTY TAX BILL, ETC.

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

BIRTH CERTIFICATE OR OTHER PROOF OF AGE IS REQUIRED FOR ALL KINDERGARTEN REGISTRANTS

Grade Level \_\_\_\_\_ Effective Date \_\_\_\_\_

To What School \_\_\_\_\_ Address \_\_\_\_\_

Additional Transportation Information

Will Transportation be needed for AM?  Yes  No PM?  Yes  No

Will Transportation be needed every day?  Yes  No

If no, please check days needed below

**AM:**  Monday  Tuesday  Wednesday  Thursday  Friday

**PM:**  Monday  Tuesday  Wednesday  Thursday  Friday

NOTE: Occasional rider should call Laidlaw for service when needed. Transportation will be made to and from **HOME ADDRESS ONLY**. Any special arrangements must be made through the Transportation Department of Cleveland Hill School District.

Parent/Guardian Name \_\_\_\_\_ Telephone(\_\_\_\_)\_\_\_\_\_

EMERGENCY CONTACT: (Relative or Neighbor)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone(\_\_\_\_)\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

**PLEASE RETURN COMPLETED APPLICATION TO:**

Transportation Department	For Office Use:	Received _____
Cleveland Hill School District		Recorded _____
105 Maplevue Road	Copy To:	Terminal _____
Cheektowaga, NY 14225-1599		Attendance _____