



Rochester City School District
131 West Broad Street
Rochester, New York 14614
(585) 262-8100

2019-2020 SCHOOL YEAR

Application for Pupil Transportation for Residents of the City of Rochester to Non Public Schools.
A new application must be submitted each year by April 1st. Please complete one application for each student.

In order to avoid delays, please print and write legible.

School Attending 2019-2020 _____

Student ID# _____ Student Name _____

Grade _____ Student Date of Birth ____/____/____ Gender ___M___F

Home Address _____ Apt ___ Zip _____

Parent's Home Phone _____ Work Phone _____ Extension _____

Emergency Contact _____ Phone _____ Extension _____

Pick up location if different from home (Only for Students in Grades K-8 and must be for 5 consecutive days) _____

Drop off location if different from home (Only for Students in Grades K-8 and must be for 5 consecutive days) _____

Please check if your child has either of the following: IEP 504 Plan

Signature of Parent or Legal Guardian _____ Date _____

I have completed this form in its entirety and read the important information on the reverse side.

Print Parent or Legal Guardian Name _____

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This section is FOR OFFICE USE ONLY	<input type="text"/>
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School Code

Check if apply and attach supporting documents if needed:

___ Foster Care ___ McKinney Vento Act ___ Parent/Legal Guardian Disability (Grades K-2 only)
___ Student Medical Disability

Application denied:

___ Application Incomplete ___ Other _____