



ROCHESTER CITY SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

835 Hudson Avenue
Rochester, NY 14621-4897

Tel: 585-336-4000

FAX No. 585-336-4193

2018-2019 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.

Check One: New Application
Change of Address - Effective Date:
Change of Pickup/Drop Off Location - Effective Date:
Change of School - Effective Date

School Attending 2018-2019

Student's ID# Student's Name

Home Address Apt Zip

Parent's Home Phone Work Phone Extension

Emergency Contact: Phone: Extension

Grade Student Birth Date

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 student has either of the following: IEP 504 Plan

Signature of Parent or legal guardian Date

Parents: Please Read Important Information on the Reverse Side of This Form

FOR OFFICE USE ONLY

Old Route:
New AM Route: Eff Date: Time:
Location:
New PM Route: Eff Date: Time:
Location:

School code:

Denial Reason:
Under 1.5
Out of District
Under 1.5 years old
Denial letter date:

Power School Verification:
Enrollment
Address
Babysitter

Director Initial Granting Exception Date