



ROCHESTER CITY SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

835 Hudson Avenue
Rochester, NY 14621-4897

Tel: 585-336-4000

FAX No. 585-336-4193

2017-2018 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 child. In order to avoid delays, please print.

- New Application**
- Change of Address – Effective Date:** ____/____/____
- Change of Pickup/Drop Off Location – Effective Date:** ____/____/____
- Change of School – Effective Date** ____/____/____

Student's ID# _____ Student's Name _____

Home Address _____ Apt _____ Zip _____

Parent's Home Phone _____ Work Phone _____ Extension _____

Emergency Contact: _____ Phone: _____ Extension _____

School Attending 2017-2018 _____

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 your child has either of the following: IEP 504 Plan

Date _____

Print Parent Name _____

Signature of Parent or legal guardian _____

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

Bus Route Information FOR OFFICE USE ONLY

school code

Old Route Information _____

A.M. Route No. _____ Time _____ Effective _____

Location _____

P.M. Route No. _____ Time _____ Effective _____

Location _____

RTS Pass

Other Reason for acceptance

Mailed Denial on:

Date _____

Under 1.5 miles

Out of District

Under 5 years old

Rochester, New York

City School District