

**AMHERST CENTRAL SCHOOL DISTRICT** ID # \_\_\_\_\_  
**REQUEST FOR TRANSPORTATION**  
 For Non-Public Schools for \_\_\_\_\_ - \_\_\_\_\_ school year

Student's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_ Grade Level \_\_\_\_\_ (for yr requesting transp.)  
 Effective Date of Transportation \_\_\_\_\_ School Hours \_\_\_\_\_  
 School \_\_\_\_\_ Address \_\_\_\_\_

**\*\*A COPY OF TWO PROOFS OF RESIDENCY IS REQUIRED WITH THIS APPLICATION\*\***

See reverse side for information and acceptable primary and secondary proof (all forms of proof must have a CURRENT date)

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

Transportation will be provided to and from an established location that is in proximity to the HOME ADDRESS ONLY. Note: Occasional riders should call First Student for service when needed.

*First Student (formerly Laidlaw Transit, Inc.)  
 2306 Walden Avenue  
 Cheektowaga, New York 14225  
 684-9440*

Parent/Guardian Name(s) \_\_\_\_\_ living with Y or N Phone \_\_\_\_\_  
 \_\_\_\_\_ living with Y or N Phone \_\_\_\_\_  
 Proof of guardianship may be required in certain circumstances.  
 E-mail address \_\_\_\_\_  
 EMERGENCY CONTACT: (Relative or Neighbor)  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**NEW YORK STATE LAW SETS APRIL 1st AS THE DEADLINE FOR ALL APPLICATIONS.  
 Applications received after that date will not be accepted unless you are a new resident.**

Signed \_\_\_\_\_ Date of Application \_\_\_\_\_  
 Signature of Parent/Guardian

PLEASE RETURN TO:

**Amherst Central School District  
 Transportation Department  
 55 Kings Highway  
 Amherst, New York 14226  
 Fax: 716-836-2537**

FOR OFFICE USE

Received	_____
Recorded	_____
Copy to	
Terminal	_____
Attendance	_____

**\*\*NOTE: BIRTH CERTIFICATE IS REQUIRED FOR ALL KINDERGARTEN REGISTRANTS.**