

NEW  
 CHANGE

Allow 3 days to process request

## BATAVIA CITY SCHOOL DISTRICT – TRANSPORTATION FORM

**2022-2023 SCHOOL YEAR**

A NEW FORM MUST BE COMPLETED EVERY SCHOOL YEAR AND FOR ANY CHANGES DURING THE YEAR  
**COMPLETED FORM NEEDS TO BE RETURNED TO THE BUSINESS OFFICE – 260 STATE STREET**  
**BUSINESS ADMINISTRATOR Phone: 585-343-2480 ext. 1002 Fax: 585-344-8204**

### Transportation Criteria:

JACKSON SCHOOL  
JOHN KENNEDY  
MIDDLE SCHOOL  
HIGH SCHOOL

Pre-K, K and Grade 1 – provided for all, IF requested  
Grades 2, 3, 4 – greater than 0.50 mile or outside city limits  
Grades 5, 6, 7, 8 – greater than 1.00 mile or outside city limits  
Grades 9, 10, 11, 12 – greater than 1.50 miles or outside city limits

COMPLETE A SEPARATE FORM FOR EACH CHILD (must be completed by Parent/Guardian)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  Male  
 Female  
Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Home	Day Care/Babysitter: AM	Day Care/Babysitter: PM
Street Address _____	Street Address _____	Street Address _____
City _____	City _____	City _____
IS THIS A CHANGE OF ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name _____ Phone _____	Name _____ Phone _____

Please select the pickup/drop off locations, and make a selection for each day of the week.

Pickup AM	Home	Daycare/Babysitter	NO BUS NEEDED	Drop Off PM	Home	Daycare/Babysitter	NO BUS NEEDED
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			

Parent/Guardian Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Or 6-Digit Session Key from Online Pre-Registration Requested Effective Date: \_\_\_\_\_

Additional Parent Comments: _____	District Notes: _____
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To be completed by the District:

Student ID: \_\_\_\_\_

IEP Requirement

Dr. Script

To be completed by STA/Attica School Bus:

APPROVED  DENIED

Effective Date: \_\_\_\_\_

Mileage before school: \_\_\_\_\_

AM Bus #: \_\_\_\_\_

Mileage after school: \_\_\_\_\_

PM Bus #: \_\_\_\_\_

Date contact made with Parent: \_\_\_\_\_

Comments: \_\_\_\_\_