

**Residency proof
must be provided
before your request
can go before the
Board.**



**Alden Central School District
Central Registration**

13190 Park Street, Alden, NY 14004
Phone: (716) 937-9116, ext. 4200
Fax: 1-888-955-7890
www.aldenschools.org



Busing Request Process:

- ◆ Fill out Busing Request Packet
- ◆ Gather required forms/paperwork
- ◆ Submit all paperwork to the Central Registrar
- ◆ The Central Registrar will begin the process by entering your information into our student management system and forwarding your request to the bus garage.
- ◆ The bus garage will then measure the distance and submit the results to the Board for approval/denial depending on the mileage.
- ◆ Families will be notified by the District Clerk if their request was approved or denied.

- (1) Please complete the Busing Request Packet
- (2) Provide copies of the following for each child:
 - Birth Certificate
 - Physical Health Form
 - Custodial Documentation (if applicable)
- (3) **Two (2) proofs of residency are required before your request can go before the Board; these can include the following:**

Proofs from Current Year	Proofs from the Last 30 Days
<ul style="list-style-type: none"> • Driver's License • Voter Registration Card • Property Tax Bill 	<ul style="list-style-type: none"> • Utility Bill • House Deed • Sale Contract • Notarized Landlord Affidavit • Real Estate Statement • Lease Agreement • Homeowner's Agreement • Current Rent Receipt • Mortgage Statement • Bank Statement

Board of Education meetings are listed on the district calendar. The calendar can be found at www.aldenschools.org

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE CENTRAL REGISTRAR'S OFFICE.

CENTRAL REGISTRAR: Dorothy Szymanski
 EMAIL: dszymanski@aldenschools.org
 PHONE: (716) 937-9116, ext. 4200
 LOCATION: Alden High School - 13190 Park Street - Alden, NY 14004
 Room #236 (High School - 2nd floor - 1st door on left before entering Library)
 HOURS: 7:30 am - 3:00 pm



Alden Central School District

Central Registrar's Office
13190 Park Street
Alden, NY 14004
Phone: (716) 937-9116, ext. 4200
www.aldenschools.org



Request for Transportation:

Parent/Guardian Name (Please Print): _____

Home Address where child is to be picked up from:

Name of Student(s) and grade level:

School where student(s) will be to bused to:

Name: _____

Address: _____

School Phone Number: _____

Date busing is requested to start: _____

By signing below, I understand that this is my formal request in order to bus my child/children to the above mentioned school. This request needs to go before Alden's Board of Education for approval. (You may check the calendar on the district website at www.aldenschools.org in order to see when the next board meeting will be.) It is the parent/guardian's responsibility to call the Bus Garage at 716-937-9116 ext. 4500 to see if busing was approved.

This request does not guarantee that busing will be provided.

For Office Use Only:

Date Decision was made:

Busing approved

Busing Denied

Request sent to:

Bus Garage

Business Administrator

(Business Administrator to bring request before the board)

Alden Central School District



Busing Request

OFFICE USE ONLY: Bus # to School: Bus # Home:
--

Student Information	Last Name _____ First Name _____ Middle Name _____			Date of Birth ____ / ____ / ____ Month Day Year	OFFICE USE ONLY: STUDENT ID # 1401 - HS MS PS UPK CPSE Teacher/Advisement:
	Grade _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Has student ever attended Alden Central Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Birth: City _____ State _____ Country _____	
	Last School Attended / District: _____		Grade at previous school: _____	Is the Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>Name of School you are requesting busing to:</i>			Child's Racial Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	
1	Address of School: _____			Date of Arrival in USA if not a Citizen ____/____/____	Language spoken: English Other _____ <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White

Student Information	Last Name _____ First Name _____ Middle Name _____			Date of Birth ____ / ____ / ____ Month Day Year	OFFICE USE ONLY: STUDENT ID # 1401 - HS MS PS UPK CPSE Teacher/Advisement:
	Grade _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Has student ever attended Alden Central Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Birth: City _____ State _____ Country _____	
	Last School Attended / District: _____		Grade at previous school: _____	Is the Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>Name of School you are requesting busing to:</i>			Child's Racial Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	
2	Address of School: _____			Date of Arrival in USA if not a Citizen ____/____/____	Language spoken: English Other _____ <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White

Student Information	Last Name _____ First Name _____ Middle Name _____			Date of Birth ____ / ____ / ____ Month Day Year	OFFICE USE ONLY: STUDENT ID # 1401 - HS MS PS UPK CPSE Teacher/Advisement:
	Grade _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Has student ever attended Alden Central Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Birth: City _____ State _____ Country _____	
	Last School Attended / District: _____		Grade at previous school: _____	Is the Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>Name of School you are requesting busing to:</i>			Child's Racial Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	
3	Address of School: _____			Date of Arrival in USA if not a Citizen ____/____/____	Language spoken: English Other _____ <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White



Student Information	Last Name		First Name		Middle Name		Date of Birth ____ / ____ / ____ Month Day Year		OFFICE USE ONLY:	
	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Has student ever attended Central Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alden		Place of Birth: City _____ State _____ Country _____		STUDENT ID # 1401 - HS MS PS UPK CPSE Teacher/Advisement:	
	Last School Attended / District:			Grade at previous school:			Is the Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Arrival in USA if not a Citizen ____ / ____ / ____	
	<i>Name of School you are requesting busing to:</i>							Language spoken: English Other _____		Child's Racial Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White
4	Address of School:									

Student Information	Last Name		First Name		Middle Name		Date of Birth ____ / ____ / ____ Month Day Year		OFFICE USE ONLY:	
	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Has student ever attended Central Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alden		Place of Birth: City _____ State _____ Country _____		STUDENT ID # 1401 - HS MS PS UPK CPSE Teacher/Advisement:	
	Last School Attended / District:			Grade at previous school:			Is the Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Arrival in USA if not a Citizen ____ / ____ / ____	
	<i>Name of School you are requesting busing to:</i>							Language spoken: English Other _____		Child's Racial Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White
5	Address of School:									

Student Information	Last Name		First Name		Middle Name		Date of Birth ____ / ____ / ____ Month Day Year		OFFICE USE ONLY:	
	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Has student ever attended Central Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alden		Place of Birth: City _____ State _____ Country _____		STUDENT ID # 1401 - HS MS PS UPK CPSE Teacher/Advisement:	
	Last School Attended / District:			Grade at previous school:			Is the Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Arrival in USA if not a Citizen ____ / ____ / ____	
	<i>Name of School you are requesting busing to:</i>							Language spoken: English Other _____		Child's Racial Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White
6	Address of School:									

Parent/ Guardian	Household Name :			Home Phone	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No Allowed to Pick-Up Student <input type="checkbox"/> Yes <input type="checkbox"/> No Receives Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No
				Cell Phone	
	Last Name	First Name	Middle Name	Work Phone	
				E-mail Address	
	Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> _____ <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other			Street Address	
			City, State, Zip Code		
			Please circle county: Erie Genesee Wyoming other:		
			Mailing Address (if different than street address)		
Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No			City, State, Zip Code		
Residential Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No			Marital Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Living Together <input type="checkbox"/> Single <input type="checkbox"/> Widowed Student lives with:		
(A court order must be present in file before a parent can be denied access to his/her child)			# of Adults in Household _____ # of Senior Citizens residing in Household _____		
1					

Parent/ Guardian	Last Name			Home Phone	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No Allowed to Pick-Up Student <input type="checkbox"/> Yes <input type="checkbox"/> No Receives Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No
	First Name			Cell Phone	
	Middle Name			Work Phone	
				E-mail Address	
	Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> _____ <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other			Street Address	
			City, State, Zip Code		
			Please circle county: Erie Genesee Wyoming other:		
			Mailing Address (if different than street address)		
Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No			City, State, Zip Code		
Residential Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No					
(A court order must be present in file before a parent can be denied access to his/her child)					
2					

Other/Non- Custodial Parent/Guardian	If you wish to indicate the name and address of other non-custodial parent/guardian, please complete this area:			Home Phone	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No Allowed to Pick-Up Student <input type="checkbox"/> Yes <input type="checkbox"/> No Receives Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No
				Cell Phone	
	Last Name	First Name	Middle Name	Work Phone	
				E-mail Address	
	Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> _____ <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No			Street Address	
			City, State, Zip Code		
			Please circle county: Erie Genesee Wyoming other:		
			Mailing Address (if different than street address)		
(A court order must be present in file before a parent can be denied access to his/her child)			City, State, Zip Code		

STUDENT NAME: _____

PHYSICAL HEALTH / MEDICAL HISTORY

DATE OF BIRTH: _____

(Please fill out a separate form for each child.)



Please mark the information below that applies to your child and pertinent information dates:

EYE DIFFICULTIES:

Lazy Eye _____
Glasses/Contacts _____
Prothesis _____
Color Blind _____
Other _____

EAR PROBLEMS:

Ear Infections _____
Tubes _____
Hearing Loss _____
Throat Infections _____
Other _____

HEART PROBLEMS:

Heart Murmur _____
Congenital Heart Disease _____
Palpitations _____
Other _____

RESPIRATORY DIFFICULTIES:

Bronchitis/Pneumonia _____
Asthma _____
Cystic Fibrosis _____
Other _____

KIDNEY/BLADDER DIFFICULTIES:

Kidney Disease _____
Bladder Infections _____
Enuresis (bed wetting) _____
Encopresis (fecal soiling) _____

MUSCLESKELETAL/ORTHOPEDIC:

Joint Pain or Swelling _____
Juvenile Rheumatoid Arthritis _____
Any Limitations? _____
Fractures/Dislocations _____
Braces/Wheelchair _____
Other _____

NEUROLOGICAL PROBLEMS:

Serious Head Injury _____
Loss of Consciousness _____
Seizures _____
Poor Coordination _____
Other _____

MISCELLANEOUS:

Diabetes _____
Birth Defects _____
Skin Conditions _____

ANY OTHER CONDITIONS:

Please mark any of the following conditions your child has had / may have (give date/or age, if able):

Anemia _____ Chicken Pox _____ Measles _____ Mumps _____
German Measles _____ Scarlet Fever _____ Tuberculosis _____ Hepatitis _____
Mononucleosis _____ Hemophilia _____ Migraine Headaches _____ Concussions _____
Speech Problems (specify) _____
Emotional Psychological Problems (specify) _____

Please complete the following that pertain to your child (give date and age, if able):

Hospitalizations _____
Operations _____
Allergies _____

Physician: _____ Phone: _____ Hospital: _____

PLEASE DISCUSS ANY SPECIAL HEALTH PROBLEMS WITH THE SCHOOL NURSE

Please list all medication(s) your child takes on a regular basis (name, dose and frequency):

Parent/Guardian Signature: _____ Date: _____



Alden Central School District

Central Registrar's Office

13190 Park Street

Alden, NY 14004

Phone: (716) 937-9116, ext. 4200

www.aldenschools.org



Notarized Statement for Proof of Residency and/or Guardianship

(Only complete this form if you do not have two proofs of residency and/or guardianship papers available to submit at the time of busing request)

The Alden Central School District will admit any student who lives in the district with his/her parent or legal guardian. A court order of guardianship with residential custody signed by the judge is required if the student is not residing with both parents. Acceptable proof of guardianship includes a court order signed by a judge transferring custody to an individual. **Proof of residency and legal guardianship are required.** Once a student has been admitted on a statement of residency, the parent/guardian will have thirty (30) days to present proof of residency in his/her name. Failure to do so may result in the dismissal of the student from school. Students whose parents do not live in the district will not be admitted unless the district with whom the child resides is the child's legal guardian as determined by the court, or the child's situation meets at least one of the conditions stated on the state affidavit of homelessness. **Students who are found in violation of these requirements may be dropped from the school rolls.**

I, _____, state that I live at
Print your Name

Print your Address -- House # and Street / Apt. # / City, State, and Zip Code

with my child/children _____
Print complete legal name of child/children

I agree to provide the Alden Central School District with additional documentation that supports my residence (as indicated above) and/or guardianship within thirty (30) days from the student(s) registration date.

Forms of Residency Proofs:

- Driver's License
- Voter Registration Card
- Utility Bill
- Property Tax Bill
- House Deed
- Sale Contract
- Notarized Landlord Affidavit
- Real Estate Statement
- Lease Agreement
- Homeowner's Agreement
- Current Rent Receipt
- Mortgage Statement
- Bank Statement

X _____
Signature of Parent/Guardian

Date

Relationship to Student(s)

Sworn to before me this _____
day of _____, _____

We have a Notary in the District if you would like to come to the High School to sign, have them Notarized and deliver the form.

Notary Public

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: _____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____

- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

INSTRUCTIONS FOR COMPLETING THE ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Purpose of the Enrollment Form - Residency Questionnaire

All LEAs are required to identify students experiencing homelessness. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. SED encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Model Enrollment Form - Residency Questionnaire attached here,
2. Update/modify the Model Enrollment Form - Residency Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Enrollment Form - Residency Questionnaire?

A Enrollment Form - Residency Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. Preschool includes any LEA program for 3-5 year olds, such as pre-k, Head Start, or Even Start. The Form - Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's completed **Enrollment Form - Residency Questionnaire** with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and generally **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Enrollment Form - Residency Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Enrollment Form - Residency Questionnaire with Students and Families

In reviewing the Enrollment Form - Residency Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status. Contacting a landlord or building superintendent may be a violation of FERPA, a federal law, and may put the family at risk of losing its housing. If the student is living in a doubled up situation, it may also lead to loss of housing for the primary tenants.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Enrollment Form - Residency Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Enrollment Form - Residency Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: www.serve.org/nche/downloads/briefs/det_elig.pdf

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.



Alden Central School District

Transportation Department

1648 Crittenden Road, Alden, NY 14004

(716) 937-9116 ext. 4500

(716) 937-3486 fax

dholiman@aldenschools.org

TRANSPORTATION REQUEST TO PRIVATE/PAROCHIAL SCHOOLS for School Year _____ - _____

Dear Parent/Guardian:

Please complete the form below and return it to the Alden Schools Transportation Department In accordance with the New York State Education Law #3635, families residing in the Alden Central School District requesting to have their child/children transported to a private or parochial school must **submit a written request for such transportation by April 1.** prior to the upcoming school year.

School Attending in September _____

Address: Morning Bus Requested: Yes ___ No ___ Afternoon Bus Requested: Yes ___ No ___

Parents: _____

Address: _____

Contact Numbers: _____

Emergency Contact and Numbers: _____

Email address: _____

Child's Name	Date of Birth	Grade Entering in September
--------------	---------------	-----------------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Signed: _____

Parent/Guardian

Date: _____

TRANSPORTATION WHEN THE ALDEN CSD IS NOT IN SESSION

Transportation will not be provided to any school when the Alden CSD is closed due to weather conditions. Nor will transportation be provided to any school that is located within the boundary of a public school that is closed due to weather conditions. Transportation will not be provided when Alden CSD is not in session. Transportation is not provided for Early Dismissals.

Alden Central School District Transportation Department

1648 Crittenden Road, Alden NY 14004
(716) 937 9116 Telephone (716) 937 3486 FAX

REQUEST FOR ALTERNATE TRANSPORTATION

Request for School Year _____ Date of Request _____ Effective Date _____

Alternate requests which are expected to be in place for the opening of a new school year MUST be received by July 31 - Changes during the year require seven (7) days

Name of Student: _____ Grade/Teacher _____
Parent/Legal Guardian: _____ Phone: _____
Legal Residence: _____

All requests should be consistent days and locations.

Alternate Location - Morning Pick Up - circle days needed

M T W TH F ALL

Comments: _____

Alternate Address: _____
Contact Name: _____ Phone: _____

Alternate Location - Afternoon Drop Off - circle days needed

M T W TH F ALL

Comments: _____

Alternate Address: _____
Contact Name: _____ Phone: _____

SIGNATURE AND ACKNOWLEDGMENT

State of New York, County of _____ Signed _____
Signature of Parent/Legal Guardian

On this ___ day of _____, 20___, appeared before me _____, to me personally known to be the individual described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same.

Notary Public _____ *My commission expires* _____

Transportation Department Use

Date received: _____ By _____

Bus assignments AM _____ PM _____ Entry date: _____

Parent notified: By _____ Date: _____

School notified: By _____ Date: _____

Driver notified: By _____ Date: _____