

**Proof of Residency
must be provided
BEFORE your
request will be
sent to the
Board of Education**



Alden Central School District Central Registration
13190 Park Street, Alden, NY 14004
(716) 937-9116 Ext. 4172
Fax: (716) 902-2034
www.aldenschools.org



Busing Request Process

- * Complete the Request Packet
- * Submit required additional documents along with the packet to the Central Registrar
- * Student information will be entered into our student management system
- * Your request will be sent to the bus garage for distance calculations
- * The bus garage will submit the request with their calculations to the Board of Education
- * The District Clerk will notify you of the approval/denial of your request

1) Complete this **Busing Request Packet**

2) Provide copies of:

- **Birth Certificate** for each student
- **NYS Physical/Immunization** for each student
- **Two (2) proofs of residency.** These may include:



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• Bank Statement• Insurance Statement• Mortgage Statement• Sale Contract• Real Estate Statement• Homeowner's Agreement• Rent Receipt

**Board of Education meetings are listed on the
District website at www.aldenschools.org**

Please **return** the request packet and required documents to the central registrar noted below.
Contact the central registrar with any questions.

Central Registrar: Patti Piegdon
Alden High School District Office
13190 Park Street
Alden, NY 14004

Email: ppiegdon@aldenschools.org
Phone: (716) 937-9116 ext. 4172
Hours: 7 AM – 3:30 PM

Rev. January 2023

Alden Central School District

Date of Registration _____

Student Registration

Entrance Date _____

Student Information	Last Name		First Name		Middle Name		Date of Birth: ____ / ____ / ____ Month Day Year		<u>OFFICE USE ONLY</u>	
	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Has student ever attended Alden Central Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Place of Birth: City _____ State _____ Country _____		STUDENT ID # 1421 - HS MS IS PS UPK CPSE	
	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 ____ / ____ / ____ Language spoken: English Other _____	
	Special Programming: Circle below if the student currently receives any services. Speech/Language Remedial Reading English as a Second Language Physical Therapy Occupational Therapy Resource Room 504 Accommodation Plan Academic Intervention Services: _____ Gifted/Talented Program Other: _____									
1										

Student Information	Last Name		First Name		Middle Name		Date of Birth: ____ / ____ / ____ Month Day Year		<u>OFFICE USE ONLY</u>	
	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Has student ever attended Alden Central Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Place of Birth: City _____ State _____ Country _____		STUDENT ID # 1421 - HS MS IS PS UPK CPSE	
	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 ____ / ____ / ____ Language spoken: English Other _____	
	Special Programming: Circle below if the student currently receives any services. Speech/Language Remedial Reading English as a Second Language Physical Therapy Occupational Therapy Resource Room 504 Accommodation Plan Academic Intervention Services: _____ Gifted/Talented Program Other: _____									
2										

Student Information	Last Name		First Name		Middle Name		Date of Birth: ____ / ____ / ____ Month Day Year		<u>OFFICE USE ONLY</u>	
	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Has student ever attended Alden Central Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Place of Birth: City _____ State _____ Country _____		STUDENT ID # 1421 - HS MS IS PS UPK CPSE	
	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 ____ / ____ / ____ Language spoken: English Other _____	
	Special Programming: Circle below if the student currently receives any services. Speech/Language Remedial Reading English as a Second Language Physical Therapy Occupational Therapy Resource Room 504 Accommodation Plan Academic Intervention Services: _____ Gifted/Talented Program Other: _____									
3										

Parent/ Guardian	Household Surname :			Home Phone:	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
				Cell Phone:	Allowed to Pick-Up Student <input type="checkbox"/> Yes <input type="checkbox"/> No
	Last Name	First Name	Middle Name	Work Phone:	Receives Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No
				E-mail Address:	
	Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> _____			Street Address:	
	<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other			City, State, Zip Code:	
	<input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent (DSS-2999 required)			Please circle county: Erie Genesee Wyoming Other:	
	Parent/Guardian in Armed Forces: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> No			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 on file before a parent can be denied access to his/her child.			# of Adults in Household _____ # of Senior Citizens residing in Household _____		
Parent/ Guardian	Last Name First Name Middle Name			Home Phone:	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
				Cell Phone:	Allowed to Pick-Up Student <input type="checkbox"/> Yes <input type="checkbox"/> No
	Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> _____			Work Phone:	Receives Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other			E-mail Address:	
	<input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent (DSS-2999 required)			Street Address:	
	Parent/Guardian in Armed Forces: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> No			City, State, Zip Code:	
	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No			Please circle county: Erie Genesee Wyoming Other:	
	Residential Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No			Mailing Address (if different than street address):	
	A court order must be on file before a parent can be denied access to his/her child.			City, State, Zip Code:	
Other/Non-Custodial Parent/Guardian	Name and address of other non-custodial parent/guardian:			Home Phone:	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
				Cell Phone:	Allowed to Pick-Up Student <input type="checkbox"/> Yes <input type="checkbox"/> No
	Last Name	First Name	Middle Name	Work Phone:	Receives Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No
				E-mail Address:	
	Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> _____			Street Address:	
	<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other			City, State, Zip Code:	
	<input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent (DSS-2999 required)			Please circle county: Erie Genesee Wyoming Other:	
	Parent/Guardian in Armed Forces: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> No			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 on file before a parent can be denied access to his/her child.					

Family Information	BROTHER(S) and/or SISTER(S) of STUDENT(S) THAT LIVE IN THE HOUSEHOLD:				
	GENDER	NAME (Last, First MI)	BIRTHDATE	GRADE	SCHOOL

Emergency Contact (other than a Parent) 1	Name:
	Relationship to Student:
	Home #: Cell #: Work #:
	Address:

Emergency Contact (other than a Parent) 2	Name:
	Relationship to Student:
	Home #: Cell #: Work #:
	Address:

Sign below verifying all information in this registration packet is accurate.

X _____
Parent/Guardian Signature

Date

Student Name: _____

PHYSICAL HEALTH & MEDICAL HISTORY

Date of Birth: _____

To be completed by **PARENT or GUARDIAN** for each student.

Please write all **medication, food**, and environmental **ALLERGIES:** (circle one) None YES (list on next line)

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

EYE DIFFICULTIES

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

EAR/NOSE/THROAT

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

HEART PROBLEMS

Heart Murmur _____
Congenital Heart Disease _____
Palpitations _____
Other _____

RESPIRATORY

Bronchitis/Pneumonia _____
Asthma _____
Cystic Fibrosis _____
Other _____

KIDNEY/BLADDER

Kidney Disease _____
Bladder Infections _____
Enuresis (bedwetting) _____
Encopresis (fecal soiling) _____

MUSCULOSKELETAL/ORTHOPEDIC

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

NEUROLOGIC PROBLEMS

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

MISCELLANEOUS

Diabetes _____
Birth Defects _____
Skin Conditions _____
Other _____

ANY OTHER CONDITIONS

Please mark any of the following conditions your child currently has, or history of, with date and age.

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 information, if applicable, including date and age.

Hospitalizations _____
Operations _____

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):

ANY MEDICATION TO BE GIVEN IN SCHOOL MUST BE AUTHORIZED IN WRITING BY PARENT/GUARDIAN and PHYSICIAN. The necessary form is available from the School Nurse.

NOTE: New York State requires that you provide us with a copy of the student's New York State Physical examination and immunization record performed within the last calendar year.

Parent/Guardian Signature: _____ Date: _____



Alden Central School District

Transportation Department

1648 Crittenden Road, Alden, NY

14004 (716) 937-9116 ext. 4500

(716) 937-3486 fax

rheckathorn@aldenschools.org

TRANSPORTATION REQUEST TO PRIVATE/PAROCHIAL SCHOOLS 2023-2024

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** of **2023**: _____

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. Transportation will not 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.