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

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

- 1) Complete this **Busing Request Packet**
- 2) Provide copies of:
 - Birth Certificate for each student
 - NYS Physical/Immunization for <u>each</u> student
 - Two (2) proofs of residency. These may include:

Proofs from Current Year	Proofs from the Last 30 Days
 Driver's License Voter Registration Card Property Tax Bill 	 Utility Bill Bank Statement Insurance Statement Mortgage Statement Sale Contract Real Estate Statement Homeowner's Agreement Rent Receipt

Please <u>return</u> the request packet and required documents to the central registrar noted below. Contact the central registrar with any questions.

Central Registrar: Patti Piegdon Email: <u>ppiegdon@aldenschools.org</u>

Alden High School District Office Phone: (716) 937-9116 ext. 4172

13190 Park Street Hours: 7 AM – 3:30 PM

Alden, NY 14004 Rev. January 2023

Alden Central School District

Date of Registration _____

Student Registration

Entrance Date _____

STUDENT ID # 1421 - Has student ever attended Alden Central Schools before? Place of Birth: City Has Ms Is Ps UPK CP		Last Name First Name Middle Name					1 1		<u>OF</u>	FICE USE	ONLY	
Speech/Language Remedial Reading English as a Second Language Physical Therapy Cocupational Therapy Resource Room Speech/Language Physical Therapy	_							STUDENT	ID # 142	١.		
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Last Name First Name Middle Name Date of Birth:	1						□ American Indian/Alaska	in Native	□ Hawa	aiian or P	acific Islande	er
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	Household Surr	iame .			Home Phone:	Lives with Student ☐ Yes ☐ No				
	Household Sulf	laine .			Cell Phone: Allowed to Pick-Up Student ☐ Yes					
	Last Name		First Name	Middle Name	Work Phone:	Receives Mailings ☐ Yes ☐ No				
ia i	all a second				E-mail Address:					
2 e	Relationship to Student:	□ Father	□ Mother	·	Street Address:					
Parent/ Guardian	□ Stepfather □ Stepmother Other Ci			Other	City, State, Zip Code:					
F 2		☐ Guardian	☐ Foster Parent	(DSS-2999 required)	Please circle county: Erie Gene:	see Wyoming Other:				
200	Parent/Guardian in Armed	Forces:	☐ Active Duty	□ Reserves □ No	Mailing Address (if different than street address):					
	Legal Custody:				City, State, Zip Code					
JAMES SOTTER	Residential Custody:	□ Yes	□ No		Marital Status of Parents:					
1	A court order must be on file before a parent can be denied access to his/her child.				Married □ Divorced □ Separated □ Living Together # of Adults in Household					
				ed access to his/her child.	Student lives with:	residing in Household				
	Last Name		First Name	Middle Name	Home Phone:	Lives with Student ☐ Yes ☐ No				
_					Cell Phone:	Allowed to Pick-Up Student Yes No				
Parent/ uardian	Relationship to Student:	□ Father	☐ Mother		Work Phone:	Receives Mailings Yes No				
d e	Relationship to Student.	□ Stepfather		Other	E-mail Address:					
arent/		☐ Guardian	□ Foster Parent	(DSS-2999 required)	Street Address:					
G. P.					City, State, Zip Code:					
						· Other				
SENSE UN	Legal Custody:	□ Yes	□ No			nesee Wyoming Other:				
2	Residential Custody:	□ Yes	□ No		Mailing Address (if different than street address):					
	A court order must b	e on file before a	a parent can be deni	ed access to his/her child.	City, State, Zip Code:					
	Name and address of	f other nen	ustodial parent	/auardian:	Home Phone:					
<u>~</u>	Name and address of other non-custodial parent/guardian:				Cell Phone:	Lives with Student □ Yes □ No				
= d i	Last Name		First Name	Middle Name		Allowed to Pick-Up Student □ Yes □ No				
Custodi	Last Name First Name ivildule Name				Work Phone:	Receives Mailings Yes No				
us					E-mail Address:					
O E	Relationship to Student:	□ Father	□ Mother	Other	Street Address:					
t/G		With control control	□ Stepmother		City, State, Zip Code:	When the College				
N L		☐ Guardian	☐ Foster Parent	200 St. 100 St		nesee Wyoming Other:				
Other/Non-Custodial Parent/Guardian	Parent/Guardian in Armed	VC-01	☐ Active Duty	□ Reserves □ No	Mailing Address (if different than street address):					
节마	Legal Custody:	□ Yes	□ No		City, State, Zip Code:					
0	Residential Custody:	☐ Yes	□ No	ed access to his/her child.						

BROTHER(S) and/or SISTER(S) of STUDENT(S) THAT LIVE IN THE HOUSEHOLD: Information **GENDER** BIRTHDATE GRADE NAME SCHOOL (Last, First MI) Family Name: Emergency Contact (other than a Parent) Relationship to Student: Home #: Cell #: Work #: Address: Name: Emergency Contact Relationship to Student: Home #: Cell #: Work #: Address: Sign below verifying all information in this registration packet is accurate.

Parent/Guardian Signature Date

Student Name:		PHYSICAL HEAL	TH & N	1EDICAL HISTORY			
Date of Birth:	To be	completed by PAREN	T or GUA	RDIAN for each student.			
Please write all medication, food	d, and environmental ALL	ERGIES: (circle one)	None	YES (list on next line)			
Please mark the information bel	ow that applies to your chi	ld and pertinent informa	ition date	s.			
EYE DIFFICULTIES	EAR/NOSE	/THROAT	HEART	PROBLEMS			
Lazy Eye				rmur			
Glasses/Contacts				al Heart Disease			
Prosthesis				ns			
Color Blind	Throat Infection	ons					
Other		d					
RESPIRATORY	KIDNEY/BL	ADDER	MUSCU	LOSKELETAL/ORTHOPEDIC			
Bronchitis/Pneumonia	Kidney Diseas	se	Joint Pain	or Swelling			
Asthma		ions	Juvenile Rheumatoid Arthritis Any Limitations Fractures/Dislocations				
Cystic Fibrosis		wetting)					
Other		ecal soiling)					
			Braces/Wheelchair				
NEUROLOGIC PROBLEMS	S MISCELLA	NEOUS	ANY O	THER CONDITIONS			
Serious Head Injury							
Loss of Consciousness							
Seizures		18					
Poor Coordination							
Other			-				
Anemia		Tuberculosis					
Mononucleosis	Hemophilia	Migraine Headache	S	Concussions			
Speech Problems (specify)							
Emotional/Psychological Problem	is (specify)						
Please cor	mplete the following info		includin	g date and age.			
Operations							
Physician:	Phone:		Hosp	ital:			
PLEA	SE DISCUSS ANY SPECIAL F	TEALTH PROBLEMS WITH	THE SCHO	JOL NORSE			
Please list all medication(s) y	our child takes on a reg	ular basis (name, dose	e, and fre	equency):			
		E					
ANY MEDICATION TO BE GIVE				ENT/GUARDIAN and PHYSICIAN. The			
			ne studer	nt's New York State Physical calendar year.			
Parent/Guardian Signature:			ıte:				



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 Rec	quested: Yes No
Parents:			
Address:			
Contact Numbers:			
Emergency Contact and Numbers:			
Email address:			
Child's Name		Date of Birth	Grade Entering in September
	Signed:		
	2-6		arent/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.