



# Sweet Home Central School District of Amherst and Tonawanda

Transportation Office  
1741 Sweet Home Road • Amherst, New York 14228  
(716) 250-1435  
Fax (716) 250-1439

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## TRANSPORTATION REQUEST FORM FOR PRIVATE AND PAROCHIAL SCHOOLS

Dear Parents:

In accordance with the New York State Education Law #3625, parents or guardians residing in this school district desiring to have their child transported to a private or parochial school outside the district boundaries (including Saint Christopher's) must submit a written request for such transportation by April 1, preceding the next school year. New residents after April 1, must submit a written request within thirty days after establishing their residence in the district along with proof of residency. Normal transportation processing is three to five days. As per Sweet Home School policy, the school needs to be exactly fifteen (15.0) measured miles, or less, from the student's residence. The mile measurement is based on the shortest possible route using normally travelled public roads from the student's place of residence to the attending school (not to be measured in a radius method).

Please complete the form below for **EACH INDIVIDUAL CHILD** requiring transportation and return it promptly to the Transportation Office. Please be aware of the fact that this form **MUST BE FILED EACH YEAR PRIOR TO APRIL 1.**

Thank you.

Robert Weselak  
Sweet Home Transportation Supervisor

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DATE: \_\_\_\_\_

SCHOOL YEAR TRANSPORTATION IS BEING REQUESTED FOR (eg. 16/17, 17/18, etc..) \_\_\_\_\_

I AM REQUESTING TRANSPORTATION FOR MY CHILD AS FOLLOWS:

NAME OF STUDENT \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS OF STUDENT \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PARENT/ GUARDIAN NAME \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ EMERGENCY PHONE # \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE IN SEPT. \_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR CONCERNS THAT AS TRANSPORTERS,  
WE WOULD NEED TO BE AWARE OF? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU ANSWERED YES, PLEASE DO NOT INDICATE THE CONDITION OR SITUATION ON THIS FORM.  
AFTER COMPLETEING AND SUBMITTING THE FORM, PLEASE, CONTACT THE TRANSPORTATION  
SUPERVISOR TO SET UP A CONFIDENTIAL DISCUSSION REGARDING THE SITUATION.

TRANSPORTATION NEEDED (CHECK ONE) AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH \_\_\_\_\_

PARENT/ GUARDIAN SIGNATURE \_\_\_\_\_

DATE RESIDENCY ESTABLISHED IN THIS SCHOOL DISTRICT: \_\_\_\_\_

IF THIS IS A LATE REQUEST, PLEASE STATE REASON: \_\_\_\_\_

\_\_\_\_\_