



Rochester City School District  
 131 West Broad Street  
 Rochester, NY 14614  
 (585) 262-8100

**2023-2024 SCHOOL YEAR**

Application for Pupil Transportation for Residents of the City of Rochester to Non Public Schools. *A new application must be submitted each year by April 1st.* Please complete one application for each student. In order to avoid delays, please print and write legible. If you have any changes to your physical address then you will need to submit a new form.

School Attending 2023-2024 Discovery Charter School (292)

Student ID# \_\_\_\_\_ Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Student Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Extension \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

**Current Transportation**

**Changes**

Pickup Location \_\_\_\_\_

Dropoff Location \_\_\_\_\_

Please check if your child has either of the following:

IEP

504 Plan



Signature of \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

I have completed this form in its entirety and read the important information on the reverse side.

Print Parent or Legal Guardian Name \_\_\_\_\_

**This section is FOR OFFICE USE ONLY**

School Code

**Check if apply and attach supporting documents if needed:**

\_\_\_\_ Foster Care    \_\_\_\_ McKinney Vento Act    \_\_\_\_ Parent/Legal Guardian Disability (Grades K-2 only)

\_\_\_\_ Student Medical Disability

**Application denied:**

\_\_\_\_ Application Incomplete    \_\_\_\_ Other \_\_\_\_\_