



UTICA CITY SCHOOL DISTRICT
Transportation Department
929 York Street
Utica, NY 13502
Tel: (315)-792-2212
Fax: (315)-792-2278

HARDSHIP TRANSPORTATION REQUEST

The following information is required to process your request for the 2022-2023 School Year ONLY
APPLICATION MUST BE RENEWED EVERY YEAR:

- ☐ Parent/Guardian-Employer Statement Verification (**MUST be on company letterhead**) and indicate specific days and hours of employment
- ☐ Medical Statement Verification for Parent/Guardian (**MUST be from physician**)
- ☐ **IF TRANSPORTATION IS REQUESTED TO A CHILDCARE PROVIDER THE CHILD'S SCHOOL MUST BE NOTIFIED BY THE PARENT/GUARDIAN TO UPDATE THE CHILD'S CONTACT INFORMATION TO INCLUDE THE CHILDCARE PROVIDER'S NAME ADDRESS AND TELEPHONE NUMBER**

*** PLEASE NOTE:** Once REQUIRED information is submitted, the request will be reviewed to determine a final decision
Since completion and submission of this form does not guarantee that transportation will be granted:
YOU ARE RESPONSIBLE TO ENSURE THAT YOUR CHILD ATTENDS SCHOOL

Parent/ Legal Guardian's Name _____

Address _____ Telephone (daytime) _____

Student Name _____ School _____ Grade _____

Student Name _____ School _____ Grade _____

Student Name _____ School _____ Grade _____

Student Name _____ School _____ Grade _____

Reason for request:

CHILDCARE PROVIDER NAME _____

ADDRESS _____

TELEPHONE _____

Signature of Parent/ Legal Guardian _____

DISTRICT USE ONLY

☐ APPROVED

☐ NOT APPROVED

Transportation Supervisor _____

Date _____

Parent/Guardian notified _____

School Notified _____

We are an Equal Opportunity Employer which fully and actively supports equal access for all regardless of Race, Color, Weight, National Origin, Ethnic Group, Religion, Religious Practice, Disability, Sexual Orientation, Gender, Age, Veteran Status, or Genetic Information.