



AKRON CENTRAL SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

Andrea Kersten, Superintendent
Paul Kowalski, Business Administrator
Mark Alexander, Chief Operations Officer

TRANSPORTATION REQUEST - PRIVATE/PAROCHIAL SCHOOLS

Student Name: _____
First Name/Middle Name/Last Name

Date of Birth: _____ Age: _____ Gender: _____ Grade (2025-26): _____

Home Address: _____
Street/City/State/Zip Code

Parent/Guardian Name: _____
First Name/Last Name

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian Name: _____
First Name/Last Name

Home Phone: _____ Cell Phone: _____ Work Phone: _____

School Name: _____ Office Phone: _____

School Address: _____
Street/City/State/Zip Code

Transportation Requested: AM PM Both

Please contact the transportation office if pick-up and/or drop-off locations are not home.

Parent/Guardian Signature: _____ Date: _____

This form must be received at the District Office by April 1, 2025.

Residents who move into the District after April 1st have 30 days to submit their request.

Non-public schools must be within 15 miles of the student's home.

Section 3635 of the New York State Education Law contains all of the regulations.

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