



West Seneca Central School District

NON-PUBLIC TRANSPORTATION SERVICE REQUEST

Please take time to read the following items. These items will inform you of certain requirements you must meet PRIOR to receiving transportation.

1. Separate applications must be completed for each student for whom transportation is being requested.
2. If the child is to attend a Kindergarten or a Transitional program a copy of the child's birth certificate must accompany the application.
3. The district requires TWO proofs of residency that MUST accompany all new requests. One of the two proofs must be photo identification of the parent with his/her current address. These proofs must be submitted IF one of the following IS true. a). The student is enrolling at the school for the first time. b). The student's address HAS changed from the previous year. c). The school to which transportation is being requested has changed. The district also requires the completion of a Residency Verification located on the back of this form.
Failure to complete these forms will delay processing the request. See reverse for acceptable forms of residential proof and the required form.
4. This form is to be completed and returned NO LATER THAN APRIL 1st prior to the school year for which transportation is requested. Return completed form to:

West Seneca Central Schools
 Transportation Department
 3300 Seneca St. West Seneca, New York 14224

.....

DATE OF REQUEST _____ FOR SCHOOL YEAR _____

NAME OF STUDENT _____ BIRTH DATE _____

STREET ADDRESS _____ TOWN _____ ZIP _____

PHONE: HOME _____ BUS. _____ START DATE _____

SCHOOL TO BE TRANSPORTED TO _____ GRADE _____

SCHOOL ADDRESS _____ PHONE _____

TRANSPORTATION REQUESTED BY _____
 (MUST BE SIGNATURE OF PARENT OR LEGAL GUARDIAN)

.....

TRANSPORTATION OFFICE USE ONLY

BIRTH CERTIFICATE RECEIVED (YES) (NO) PROOF _____ PHOTO ID _____

ROUTE NO. _____ PICKUP LOCATION _____

A.M. PICKUP TIME _____ EXISTING STOP _____ NEW STOP _____

DATE PROCESSED _____ AUTHORIZED _____

SCHOOL NOTIFIED _____ PARENT NOTIFIED _____

ENTERED IN STUDENTS _____ ROUTED _____



WEST SENECA CENTRAL SCHOOL DISTRICT

Administrative Offices • 1397 Orchard Park Road • West Seneca, New York 14224-4098

RESIDENCY VERIFICATION FORM

Student Name: _____

Address: _____

Student Date of Birth: _____

Parents/Person in Parental Relation: _____

ORIGINAL DOCUMENTATION SUBMITTED (one from each section)

Section A: Required Documentation: One of the following items:

_____ New York State Valid Driver's License

_____ Non-driver's Identification Card

Section B: Required Documentation : One of the following items:

_____ Court/Agency Documentation

_____ Documentation of Purchase of Home in District

_____ Lease Agreement

_____ Tax Bill

_____ Notarized Statement from Landlord*

***Additional Required Documentation** - If a notarized statement is presented as proof of residency, **Two** in combination of the following items:

_____ Car Registration _____ Utility Bills (Addressed to you at your residence)

Statement of Residency: I, by signing this statement, am testifying that my child is a legal resident of the West Seneca Central School District. Should the district find the above documentation to be false, the district will seek charges of theft of services, reimbursement for court costs and back tuition. In the event of attendance at a parochial or private school, transportation cost may be sought.

Parent/Person in Parental Relation

Date

Witnessed: _____

NB: Proof of Residency is subject to approval by WSCSD Asst. Superintendent of Pupil Personnel