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## West Seneca Central School District Change of Address

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We are looking forward to working with you as members of the West Seneca School community! The Board of Education, administration, teachers, and support staff are all committed to providing your student(s) with a high quality educational program in safe and secure schools. We encourage you to join us in fulfilling the District's Mission "to provide a diversified educational program that will produce literate, caring, ethical responsible, and productive citizens who are capable of adapting to change."

### CHANGE OF ADDRESS

Please carefully complete this entire West Seneca Student Registration packet, and submit it to:

WSCSD Central Registration  
1445 Center Rd., West Seneca NY 14224

Please contact Central Registration at (716) 677-3137 or by email at [registration@wscschools.org](mailto:registration@wscschools.org) to make an appointment.

### REQUIRED DOCUMENTATION

Pursuant to Regulations of the Commissioner of Education, the following documentation will be submitted for the District's consideration regarding your child's enrollment and/or residency.

**The following items are required to complete the change of address:**

- **Proof of Parent or Guardian Identity (NYS Valid Driver's License, Passport, or Non-driver's Identification Card)**
- **Proof of Residency and Supporting Documentation**
  - **ONE (1) Proof of Residency:**
    - Documentation of Purchase of Home in District: Town Tax Bill, Current Mortgage Statement, Current Signed Lease Agreement, HUD Papers or Closing Statement
    - If you do not have the residency documentation shown above please provide a Notarized Statement from your Landlord accompanied by their Proof of Ownership (Town Tax Bill, Mortgage Statement)
  - **TWO (2) additional proofs of Supporting Documentation which may include the following:**
    - Car registration, utility bill, bank statement, payroll stub, government benefit document

**WEST SENECA CENTRAL SCHOOL DISTRICT**

**GENERAL INFORMATION REGISTRATION FORM**

Student No. \_\_\_\_\_ (Office Use Only)

School Year \_\_\_\_\_ Grade \_\_\_\_\_ Date of Registration \_\_\_\_\_  
 School \_\_\_\_\_ Gender  Male  Female  Other

\*Student Name \_\_\_\_\_  
 (Last) (First) (Middle)

\*Address (Where you live) \_\_\_\_\_  
 (Street) (Apt. No. / Upper/Lower)  
 \_\_\_\_\_  
 (City) (Zip Code)

\*Mailing Address (If different from where you live) \_\_\_\_\_  
 (Street / Apt. No. / Upper/Lower) (City) (Zip Code)

\*Child's Ethnic Group: \_\_\_\_\_  
 (Indicate Letter) [A] Asian [B] Black or African American [H] Hispanic or Latino [I] American Indian or Alaska Native  
 [M] Multiracial [P] Native Hawaiian/Other Pacific Islander [W] White

\*Entry Date to U.S. (if not born in U.S.) \_\_\_\_/\_\_\_\_/\_\_\_\_

Dominant Language \_\_\_\_\_ Interpretive Services Needed \_\_\_\_\_  
 (Yes / No)

\*Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 (City) (State) (Country)

\*Proof of Age: Original Birth Certificate \_\_\_\_\_ Passport \_\_\_\_\_  
 (Indicate Number)

\*Contact 1: Primary Residential Parent: \_\_\_\_\_  
 (Last) (First) (Middle)

Relationship \_\_\_\_\_ Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Dominant Language \_\_\_\_\_ Interpretive Services Needed \_\_\_\_\_  
 (Yes / No)

\*Contact 2: Person in Parental Relationship \_\_\_\_\_  
 (Last) (First) (Middle)

Relationship \_\_\_\_\_ Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Dominant Language \_\_\_\_\_ Interpretive Services Needed \_\_\_\_\_  
 (Yes / No)

If Separated/Divorced (Legal Custody of Child) Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_  
 (A signed and dated court order must be present in the student file before a parent can be denied access to his/her child.)

\*Other Children in the Family \_\_\_\_\_  
 (Last) (First) (Middle) (Birth Date) \_\_\_\_\_  
 (Last) (First) (Middle) (Birth Date) \_\_\_\_\_

Brothers/Sisters \_\_\_\_\_  
 (Last) (First) (Middle) (Birth Date) \_\_\_\_\_  
 (Last) (First) (Middle) (Birth Date) \_\_\_\_\_

Contact 3: Emergency Contact: \_\_\_\_\_  
 (Last) (First) (Middle)

Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Contact 4: Emergency Contact: \_\_\_\_\_  
 (Last) (First) (Middle)

Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

RESIDENCY VERIFICATION

School Year \_\_\_\_\_ Grade \_\_\_\_\_ Date of Registration \_\_\_\_\_

\*Student Name \_\_\_\_\_  
(Last) (First) (Middle)

\*Address \_\_\_\_\_  
(Street/Apt. No. / Upper/Lower) (City) (Zip Code)

Gender Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_ Special Education? YES \_\_\_\_\_ NO \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Years in U.S. Schools \_\_\_\_\_ Entry Date to U.S. \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Check if child is a Foster Child \_\_\_\_ Yes \_\_\_\_ No

Name of Agency/Social Worker \_\_\_\_\_

PRIMARY RESIDENTIAL CUSTODY

**Contact 1: Primary Residential Parent/Primary Parental Relationship:** \*Relationship \_\_\_\_\_

\_\_\_\_\_  
(Last) (First) (Middle)

\*Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

\*Home Phone \_\_\_\_\_ \*E-mail \_\_\_\_\_

\*Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Contact 1** *Currently* a member of the Armed Forces  Yes  No What Branch \_\_\_\_\_

If Separated or Divorced – Legal Custody of Child \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

**Contact 2: Person in Parental Relationship:** \*Relationship \_\_\_\_\_

\_\_\_\_\_  
(Last) (First) (Middle)

\*Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

\*Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\*Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Contact 2** *Currently* a member of the Armed Forces  Yes  No What Branch \_\_\_\_\_

ORIGINAL DOCUMENTATION SUBMITTED - Documents must show the address of residence

- |   |  |
|---|--|
| <input type="checkbox"/> Documents of Purchase of Home/Condo in District (Closing Papers, Mortgage Statement, Signed and Dated Lease, HUD papers) | <input type="checkbox"/> Membership documents based on residency         |
| <input type="checkbox"/> Lease Agreement  | <input type="checkbox"/> Utility Bill or other Bill(s)                   |
| <input type="checkbox"/> Notarized Statement from Landlord  | <input type="checkbox"/> Tax Bill  |
| <input type="checkbox"/> New York State Valid Driver's License or Learner's Permit  | <input type="checkbox"/> Statement from a financial institution          |
| <input type="checkbox"/> Non-driver's Identification Card   | <input type="checkbox"/> Income Tax form                                 |
| <input type="checkbox"/> Car Registration   | <input type="checkbox"/> Voter registration document                     |
| <input type="checkbox"/> State or other Government issued identification (Government Benefits Document)   | <input type="checkbox"/> Court – Custody evidence or Guardianship papers |
|   | <input type="checkbox"/> Other: _____                                    |

I understand that the provisions of false information on this residency form could constitute a crime. I understand that the District reserves its right to recover from parents, persons in parental relations or other responsible parties the entire actual cost of educating a student (as established by the New York State Education Department), plus related costs, for the entire period that any non-resident student is enrolled in the District's schools without authorization and/or under false pretenses.

I hereby certify that the student listed on this residency form actually resides at the address specified above, within the West Seneca Central School District boundaries. I further certify that all information I provided on this residency form is true and correct. I understand that I must immediately notify the District if the residency of the student changes from the address listed on this form.

\_\_\_\_\_  
 (Signature of Parent / Person in Parental Relation)

\_\_\_\_\_  
 (Date)

WEST SENECA CENTRAL SCHOOL DISTRICT

West Seneca Transportation

3300 Seneca Street

West Seneca, New York 14224

[Empty box for Name of School]

Name of School

TRANSPORTATION REQUEST FORM

PLEASE NOTE:

- Phone requests from parents for routing will not be accepted!
- Parents are responsible for transportation until notified.
- Please be aware that a **three-day notice is advised** prior to transportation being started.

Date of Request: \_\_\_\_\_

Name of Student \_\_\_\_\_

Student Number \_\_\_\_\_ Student D.O.B. \_\_\_\_\_

Home Address \_\_\_\_\_  
(Number and Street) (Town) (Zip Code)

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

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

School to which transportation is being requested \_\_\_\_\_

For School Year \_\_\_\_\_ to \_\_\_\_\_ Grade Level \_\_\_\_\_

Date Transportation will start \_\_\_\_\_ Authorized \_\_\_\_\_

Student is: New in District \_\_\_\_\_ Transfer from \_\_\_\_\_

TRANSPORTATION OFFICE USE ONLY

Route No. \_\_\_\_\_ Pick Up Location \_\_\_\_\_

AM Pick Up Time \_\_\_\_\_ Existing Stop \_\_\_\_\_ New Stop \_\_\_\_\_

Date Processed \_\_\_\_\_ Authorized \_\_\_\_\_

School Notified \_\_\_\_\_ Parent Notified \_\_\_\_\_

Entered in Students \_\_\_\_\_ Routed \_\_\_\_\_

CHECK HERE IF YOU ARE FAXING THIS FORM FIRST, THE ORIGINAL FORM MUST FOLLOW.