

West Seneca Central School District K-12 Registration

Change of Address

Instructions to SUBMIT COMPLETED FORMS

Please submit your completed registration form in one of the following ways:

MAIL

(Save pdf Registration Document, Print and Mail)

FAX

(Save pdf Registration Document, Print and Fax)

Drop Off School Building of Attendance Zone

Building Clerk will make arrangements to drop off of at building
(Save pdf Registration Document, Print, Place all Documents in a Sealed Envelope)

DO NOT EMAIL COMPLETED FORM

Allendale Elementary School

1399 Orchard Park Rd,
West Seneca, NY 14224
Email: llamarca@wscschools.org
School #: 677-3661
Fax #: 675-3104

Clinton Elementary School

4100 Clinton St,
West Seneca, NY 14224
Email: mkomosinski01@wscschools.org
School #: 677-3622
Fax #: 674-7821

Northwood Elementary School

250 Northwood Ave,
West Seneca, NY 14224
Email: kfooster@wscschools.org
School #: 677-3659
Fax #: 674-3505

West Elementary School

1397 Orchard Park Rd,
West Seneca, NY 14224
Email: kdaddario@wscschools.org
School #: 677-3260
Fax #: 677-3123

Winchester Elementary School

650 Harlem Rd,
Buffalo, NY 14224
Email: kmaguire@wscschools.org
School #: 677-3582
Fax #: 822-2670

WS East Middle School

1445 Center Rd,
West Seneca, NY 14224
Email: kredfern@wscschools.org
School #: 677-3531
Fax #: 677-3540

WS West Middle School

395 Center Rd,
West Seneca, NY 14224
Email: rspencer@wscschools.org
School #: 677-3501
Fax #: 675-6134

WS East Senior High School

4760 Seneca St,
West Seneca, NY 14224
Email: shawley@wscschools.org
School #: 677-3303
Fax #: 677-2933

WS West Senior High School

3330 Seneca St,
Buffalo, NY 14224
Email: shonan@wscschools.org
School #: 677-3352
Fax #: 674-3551

WEST SENECA CENTRAL SCHOOL DISTRICT

CHANGE OF ADDRESS
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 RESIDENCIAL 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

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

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

GENERAL INFORMATION REGISTRATION FORM

(Office Use Only)
Student No. _____

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)

Brothers/Sisters _____
(Last) (First) (Middle) (Birth Date)

_____ (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 #** _____

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 should be told they 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.