



West Seneca Central School District Change of Address

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 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 _____
School _____

Date of Registration _____
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	(City)	(State)	(Zip)

Home #	Cell #	Work #	Email
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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 Brothers/Sisters								
	(Last)	(First)	(Middle)	(Birth Date)	(Last)	(First)	(Middle)	(Birth Date)
		(Last)	(First)	(Middle)	(Birth Date)	(Last)	(First)	(Middle)
	(Last)	(First)	(Middle)	(Birth Date)	(Last)	(First)	(Middle)	(Birth Date)

Contact 3: Emergency Contact: _____
 (Last) (First) (Middle)

Relationship	Home #	Cell #
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Contact 4: Emergency Contact:

<u> </u>	<u> </u>	<u> </u>
(Last)	(First)	(Middle)

Relationship	Home #	Cell #
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WEST SENECA CENTRAL SCHOOL DISTRICT

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

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.