TRANSPORTATION REQUEST FORM

Westhill Central School District
Transportation Department
4501 Onondaga Boulevard
Syracuse, NY 13219
Phone (315) 426-3030
Fax (315) 475-9125

Transportation requested for school year _________.

PRIVATE / PAROCHIAL SCHOOL NAME

______________________________
NAME FATHER/ GUARDIAN

______________________________
NAME MOTHER/GUARDIAN

______________________________
HOME PHONE

______________________________
FATHER/GUARDIAN CELL

______________________________
MOTHER/GUARDIAN CELL

______________________________
HOME STREET

______________________________
HOME CITY

______________________________
HOME ZIP CODE

______________________________
STUDENT NAME

______________________________
AGE

______________________________
GRADE

______________________________
DATE OF BIRTH

______________________________
MALE ☐ FEMALE ☐

______________________________
STUDENT NAME

______________________________
AGE

______________________________
GRADE

______________________________
DATE OF BIRTH

______________________________
MALE ☐ FEMALE ☐

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STUDENT NAME

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AGE

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GRADE

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DATE OF BIRTH

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STUDENT NAME

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AGE

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GRADE

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DATE OF BIRTH

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MALE ☐ FEMALE ☐

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STUDENT NAME

______________________________
AGE

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GRADE

______________________________
DATE OF BIRTH

______________________________
MALE ☐ FEMALE ☐

I hereby request transportation for the student(s) listed above from Westhill School District to the private / parochial school named above.

______________________________
SIGNATURE OF PARENT/GUARDIAN

______________________________
DATE

NY State law requires this application to be completed, signed and submitted to your public school district before April 1st in order to receive consideration.

“Where Educational Excellence is a Tradition”