

TRANSPORTATION REQUEST FORM



Westhill Central School District
Transportation Department
4501 Onondaga Boulevard
Syracuse, N.Y. 13219
PH: 315 426-3030 FAX: 315 423-2965
EMAIL: TRANSPORTATION@WESTHILLSCHOOLS.ORG

TRANSPORTATION REQUEST 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

_____ STUDENT NAME _____ AGE _____ GRADE _____ DATE OF BIRTH MALE FEMALE

_____ STUDENT NAME _____ AGE _____ GRADE _____ DATE OF BIRTH MALE FEMALE

_____ STUDENT NAME _____ AGE _____ 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.