

# TRANSPORTATION REQUEST FORM

Date Received By Office: \_\_\_\_\_



Westhill Central School District  
Transportation Department  
4501 Onondaga Boulevard  
Syracuse, NY 13219  
Phone (315) 426-3030  
Fax (315) 423-2965

Transportation requested for school year 2026-2027.

\_\_\_\_\_  
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

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 1<sup>st</sup>**  
in order to receive consideration.

*“Where Educational Excellence is a Tradition”*