

# WESTHILL CENTRAL SCHOOL DISTRICT TRANSPORTATION REQUEST FORM



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

[transportation@westhillschools.org](mailto:transportation@westhillschools.org)

Transportation Request for School Year \_\_\_\_\_

Private/Parochial School Name: \_\_\_\_\_

\_\_\_\_\_  
Name Mother/Guardian #1

\_\_\_\_\_  
Name Father/Guardian #2

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Guardian #1 Cell

\_\_\_\_\_  
Guardian #2 Cell

\_\_\_\_\_  
Home Street

\_\_\_\_\_  
Home City

\_\_\_\_\_  
Home Zip Code

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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