

AMHERST CENTRAL SCHOOL DISTRICT

ID # \_\_\_\_\_

REQUEST FOR TRANSPORTATION

For Non-Public Schools for \_\_\_\_\_ - \_\_\_\_\_ school year

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_ Grade Level \_\_\_\_\_ (for yr requesting transp.)

Effective Date of Transportation \_\_\_\_\_ School Hours \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

**\*\*A COPY OF TWO PROOFS OF RESIDENCY IS REQUIRED WITH THIS APPLICATION\*\***

See reverse side for information and acceptable primary and secondary proof (all forms of proof must have a CURRENT date)

Will Transportation be needed for AM? Yes  No  PM? Yes  No

Will Transportation be needed every day? Yes  No   
(If no, please check days needed below:)

AM: Monday  Tuesday  Wednesday  Thursday  Friday   
PM: Monday  Tuesday  Wednesday  Thursday  Friday

Transportation will be provided to and from an established location that is in proximity to the HOME ADDRESS ONLY. Note: Occasional riders should call First Student for service when needed.

*First Student (formerly Laidlaw Transit, Inc.)  
2306 Walden Avenue  
Cheektowaga, New York 14225  
684-9440*

Parent/Guardian Name(s) \_\_\_\_\_ living with Y or N Phone \_\_\_\_\_  
\_\_\_\_\_ living with Y or N Phone \_\_\_\_\_

Proof of guardianship may be required in certain circumstances.

E-mail address \_\_\_\_\_

EMERGENCY CONTACT: (Relative or Neighbor)

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**NEW YORK STATE LAW SETS APRIL 1st AS THE DEADLINE FOR ALL APPLICATIONS.  
Applications received after that date will not be accepted unless you are a new resident.**

Signed \_\_\_\_\_ Date of Application \_\_\_\_\_  
Signature of Parent/Guardian

PLEASE RETURN TO:

**Amherst Central School District  
Transportation Department  
55 Kings Highway  
Amherst, New York 14226  
Fax: 716-836-2537**

FOR OFFICE USE

|            |       |
|------------|-------|
| Received   | _____ |
| Recorded   | _____ |
| Copy to    | _____ |
| Terminal   | _____ |
| Attendance | _____ |

**\*\*NOTE: BIRTH CERTIFICATE IS REQUIRED FOR ALL KINDERGARTEN REGISTRANTS.  
(OVER)**

# AMHERST CENTRAL SCHOOL DISTRICT

## Proof of Residency List

**IT WILL BE NECESSARY FOR YOU TO PROVIDE ONE FORM OF PRIMARY PROOF AND AT LEAST ONE FORM OF SECONDARY PROOF.**

All forms of proof *must be dated within three months* of presentation.

### **Acceptable PRIMARY forms of proof**

1. Property tax bill, in the name of the parent or legal guardian.
2. Lease agreement and rental receipt in the name of the parent or guardian with name, address and telephone number of the landlord for verification purposes.
3. Residential mortgage statement in the name of the parent or legal guardian.

### **Acceptable SECONDARY forms of proof**

1. Utility bill (electricity, telephone, water/sewer or gas) for service at a residential address within the district that is in the name of the parent or legal guardian.
2. Letter from the utility company indicating service to begin within thirty (30) days at the residential address within the district being billed in the name of the parent or legal guardian.
3. Bank statement in the name of the parent or guardian with the residential address within the district.
4. Social Security correspondence/statement addressed in the name of the parent or legal guardian.
5. US Postal Service verification of change of address to a residential address in the district in the name of the parent or legal guardian.
6. Federal or NYS income tax documentation with preprinted name and address, addressed in the name of the parent or legal guardian such as a W-2 form.
7. A certificate of occupancy for residential real estate for real property within the district in the name of the parent or legal guardian.
8. An insurance policy binder of homeowner's or residential renter's insurance for property within the district issued in the name of the parent or legal guardian.