

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.**

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.