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## NON-PUBLIC

### PAROCHIAL/PRIVATE or CHARTER SCHOOL REGISTRATION

**Due to COVID-19, the district administration buildings and schools are closed at this time.**

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We are looking forward to working with you as members of the West Seneca School community! The Board of Education, administration, teachers, and support staff are all committed to providing your student(s) with a high quality educational program in safe and secure schools. We encourage you to join us in fulfilling the District's Mission "to provide a diversified educational program which will produce literate, caring, ethical responsible, and productive citizens who are capable of adapting to change."

### NON-PUBLIC REGISTRATION PACKET

Complete the entire Non-Public Student Registration packet

### REQUIRED DOCUMENTATION

You will be required to provide the following documents before we can fully enroll your child through the West Seneca Central School District in a NON-PUBLIC school placement.

#### Documentation Regarding Enrollment

Pursuant to Regulations of the Commissioner of Education, the following documentation will be submitted for the District's consideration regarding your child's enrollment and/or residency.

#### **The following items are required to complete the registration process:**

- Proof of Parent or Guardian Identity (NYS Valid Driver's License or Non-driver's Identification Card)
- Proof of Residency and supporting documentation (Town Tax Bill, Current Mortgage Statement, Current Signed Lease Agreement, HUD Papers or Closing Statement)
- If you do not have the residency documentation shown above please provide a Notarized Statement from your
- Landlord with TWO additional proofs which may include the following: car registration, utility bill, bank statement,
- payroll stub, government benefit document
- Child's Birth Certificate (Original with raised seal)
- Court Documents such as: Most recent Court Documents/Papers signed by a judge(If Applicable)
- DSS-2999 required at registration for or children in foster care

#### **For Students with a Disability**

Provide a copy of current IEP & psychological report or 504 Accommodation Plan

**Instructions to  
SUBMIT COMPLETED FORMS**

Please submit your completed registration form in one of the following ways:

**MAIL**

**Attention: Central Registration**

675 Potters Road

West Seneca, New York 14224

(Save pdf Registration Document, Print and Mail)

**FAX**

**Attention: Central Registration**

**(716) 677-3155**

(Save pdf Registration Document, Print and Fax)

**Drop Off**

**WSCSD Administrative Office - Door #4 Registration**

675 Potters Road

West Seneca, New York 14224

The registration drop box can be accessed through the mail slot in door #4, located on the left-hand side of the District Office building, 675 Potters Road.

(Save pdf Registration Document, Print, Place all Documents in a Sealed Envelope)

**DO NOT EMAIL COMPLETED FORM**

West Seneca Central School District

**GENERAL INFORMATION**

Date \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Years in U.S. School(s) \_\_\_\_\_

Please check if child is a Foster Child  Yes  No

Name of Agency/Social Worker \_\_\_\_\_

Entry Date to U.S. (If not born in U.S.A.) \_\_\_\_\_

Did child ever attend pre-school?  Yes  No

Special Education?  Yes  No

Child will walk to school?  Yes  No

Sex:  Male  Female

**Legal Custody Alert:**

*A court order must be present in the file before a parent can be denied access to his/her child.*

Doctor:

**Medical Information/Medical Alert:**

Phone Number:

Date of First Polio Vaccine \_\_\_\_\_

**Other Children in the Family - Brother(s)/Sister(s)**

_____ (Last Name)	_____ (First)	_____ (Birth Date)	_____ (Last Name)	_____ (First)	_____ (Birth Date)
_____ (Last Name)	_____ (First)	_____ (Birth Date)	_____ (Last Name)	_____ (First)	_____ (Birth Date)
_____ (Last Name)	_____ (First)	_____ (Birth Date)	_____ (Last Name)	_____ (First)	_____ (Birth Date)

\_\_\_\_\_  
*Signature of Person in Parental Relationship*

\_\_\_\_\_  
*Date*

**NON-CUSTODIAL EMERGENCY CONTACTS**

**CONTACT 1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

**CONTACT 2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

# REGISTRATION FORM RESIDENCY VERIFICATION

\*Student Name \_\_\_\_\_ Student's DOB \_\_\_\_\_  
(Last Name) (First) (Middle)

\*Address \_\_\_\_\_  
(Street) (City) (Zip Code)

**CONTACT 1** Primary Residential Custody Relationship \_\_\_\_\_

\*Person in Parental Relationship \_\_\_\_\_  
(Last Name) (First) (Middle)

\*Address \_\_\_\_\_  
(Street) (City) (Zip Code)

\*Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**CONTACT 1** *Currently* a member of the Armed Forces and on *Active Duty*

*\*If Separated or Divorced - Legal Custody of Child*  Mother  Father  Both  Other \_\_\_\_\_

**CONTACT 2** Relationship \_\_\_\_\_

\*Person in Parental Relationship \_\_\_\_\_  
(Last Name) (First) (Middle)

\*Address \_\_\_\_\_  
(Street) (City) (Zip Code)

\*Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**CONTACT 2** *Currently* a member of the Armed Forces and on *Active Duty*

**ORIGINAL DOCUMENTATION SUBMITTED**  
*Documents must show the address of residence*

- |   |   |
|---|---|
| <input type="checkbox"/> Documentation of Purchase of Home/Condo in District<br><small>(closing papers, Mortgage statement, HUD papers)</small> | <input type="checkbox"/> Membership documents based on residency<br><small>(such as a library card)</small> |
| <input type="checkbox"/> Lease Agreement  | <input type="checkbox"/> Utility Bill or other Bill(s)  |
| <input type="checkbox"/> Notarized Statement from a Landlord  | <input type="checkbox"/> Tax Bill   |
| <input type="checkbox"/> New York State Valid Driver's License or learner's permit  | <input type="checkbox"/> Statement from a financial institution   |
| <input type="checkbox"/> Non-driver's Identification Card   | <input type="checkbox"/> Income Tax form  |
| <input type="checkbox"/> Car Registration   | <input type="checkbox"/> Voter registration document  |
| <input type="checkbox"/> State or other Government issued identification<br><small>(Government benefits document)</small>                       | <input type="checkbox"/> Court - Custody evidence or Guardianship papers                                    |
|   | <input type="checkbox"/> Other _____  |

I understand that the provision of false information on this residency form could constitute a crime. In addition, I understand that the District reserves its right to recover from parents, persons in parental relation or other responsible parties the entire actual cost of educating a student (as established by the New York State Education Department), plus related costs, for the entire period that any non-resident student is enrolled in the District's schools without authorization and/or under false pretenses.

I hereby certify that the student listed on this residency form actually resides at the address specified above, within the West Seneca Central School District boundaries. I further certify that all the information I provided on this residency form is true and correct. I understand that I must immediately notify the District if the residency of the student changes from the address listed on this form.

\_\_\_\_\_  
*Signature of Parent/Person in Parental Relation*

\_\_\_\_\_  
 Date



West Seneca Central School District

Mr. Matthew J. Bystrak  
Superintendent of Schools

Andrew Wnek  
Assistant Director of Special Education

CONSENT TO RELEASE RECORDS TO A THIRD PARTY

**School District/Agency records to be released to:** \_\_\_\_\_  
 (Home School District/District of Residence)

School / Agency Phone No. ( ) \_\_\_\_\_

School / Agency Fax No. ( ) \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, authorize release of and/or  
 (Student's Parent/Guardian)  
 access to records for: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Student Name)

School Attending: \_\_\_\_\_  
 (Name of School)

**Records to be released by:**  
**West Seneca Central School District**  
 Special Education Department  
 675 Potters Road  
 West Seneca, NY 14224

Records Involved (check all that apply):

- \_\_\_\_\_ IEP/IESP
- \_\_\_\_\_ Health
- \_\_\_\_\_ Attendance
- \_\_\_\_\_ Standardized Test(s)
- \_\_\_\_\_ Psychological/Social Work
- \_\_\_\_\_ Professional Reports (i.e. Speech, OT, PT Evals)
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***The party receiving/reviewing the student record is NOT authorized to transfer this information to a third party without further consent.***

Parents, students age 18 or older, or students attending a post-high school education institution, are advised they have the right to be notified of the student's transfer of records to another school; that they may receive a copy of the student's record if desired, and have an opportunity for a hearing to challenge the content of the record prior to its being sent.

**VERIFICATION OF ACCESS OR RELEASE**

The records indicated on this form were: \_\_\_\_\_ Released \_\_\_\_\_ Shown

To: \_\_\_\_\_ on \_\_\_\_\_  
 (Recipient) (Date)

\_\_\_\_\_  
 (Office Representative)

# WEST SENECA CENTRAL SCHOOL DISTRICT

## Student Racial and Ethnic Identification

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Student Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Parents/Person in Parental Relation \_\_\_\_\_  
Please Print

### Relationship:

Mother  Father  Guardian  Other \_\_\_\_\_  
Specify

### Check (✓) the box that best describes your child, select one. //

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.  
 YES, Hispanic     **or**      NO, not Hispanic

### Check, (✓) all groups that apply to your child; //

2. Select at least one race from the following five racial groups.
- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
  - ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
  - WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

\_\_\_\_\_  
Signature of Parent/Person in Parental Relation

\_\_\_\_\_  
Date





# WEST SENECA CENTRAL SCHOOL DISTRICT

Transportation Department • 3300 Seneca Street • West Seneca, New York 14224-2746  
Telephone: 716/677-3820 • Facsimile: 716/677-3826

## NON-PUBLIC TRANSPORTATION SERVICE REQUEST

The following requirements must be met **prior** to receiving transportation.

1. A separate application must be completed for each student requesting transportation.
2. If the child is to attend a Kindergarten or a Transitional program, a copy of the child's birth certificate must accompany the application.
3. Please reference the **Residency Verification/Registration** form provided in this packet for acceptable documentation. The district requires proof of residency that **must** accompany all requests. Several examples which require these documents are listed below.
  - A). The student is enrolling at the school for the first time.
  - B). The student's address has changed from the previous year.
  - C). The school to which transportation is being requested has changed.
4. This form is to be completed and returned **No Later than April 1<sup>st</sup>** prior to the school year for which transportation is being requested.

Return completed form to: West Seneca Central Schools  
Transportation Department  
3300 Seneca Street  
West Seneca NY 14224

Date of Request \_\_\_\_\_ For School Year \_\_\_\_\_

Name of Student \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_ Start Date \_\_\_\_\_

School to be Transported to \_\_\_\_\_ Grade \_\_\_\_\_

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

Statement of Residency: I, by signing this statement, am testifying that my child is a legal resident of the West Seneca Central School District. Should the district find the above documentation to be false, the district will seek charges of theft of services, reimbursement for court costs and back tuition. In the event of attendance at a parochial or private school, transportation cost may be sought.

Transportation Requested By \_\_\_\_\_  
(SIGNATURE OF PARENT OR LEGAL GUARDIAN)

Trans273-2/2018

### TRANSPORTATION OFFICE USE ONLY

BIRTH CERTIFICATE RECEIVED	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

AM Route No. \_\_\_\_\_ Pickup Location \_\_\_\_\_

A.M. Pickup Time \_\_\_\_\_  Existing Stop  New Stop PM Route No. \_\_\_\_\_

PROOF  PHOTO ID Date Processed \_\_\_/\_\_\_/\_\_\_ School Notified \_\_\_/\_\_\_/\_\_\_ Parent Notified \_\_\_/\_\_\_/\_\_\_