

# Lockport City School District

Board of Education, 130 Beattie Avenue, Lockport, New York 14094 Phone: (716) 478-4828 Fax: (716) 478-4832

## 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 student is to attend a Kindergarten program, a copy of the child's birth certificate must accompany this application. The student must be 5 years of age prior to December 1<sup>st</sup> of the year in which the student will start the Kindergarten program.
3. The district requires proof of residency that **must** accompany all requests. A photo identification of the parent/guardian with his/her current address **may** be acceptable if the child's school or address has not changed. **OR TWO** proofs of residency, a photo identification of the parent /guardian with his/her address AND one document from Section B is required (see reverse), when ONE of the following is true:
  - 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 before April 1<sup>st</sup> of the next school year for which transportation is being requested.

Return Completed Request to: Board of Education - Transportation Office  
Lockport City School District  
130 Beattie Avenue, Lockport, NY 14094

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

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

Students Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Parent Email Address: \_\_\_\_\_

School to be transported to: \_\_\_\_\_ Grade: \_\_\_\_\_

Statement of Residency: I, by signing this statement, am attesting that my child is a legal resident of the Lockport City School District. In the event the above documentation is false, costs to transport to the above school may be sought.

Transportation Requested by: \_\_\_\_\_

(Signature of Parent or Legal Guardian)

### TRANSPORTATION OFFICE USE ONLY

Birth Certificate Received Yes/No Proof Received Yes/No Photo ID Received Yes/No

AM ROUTE # \_\_\_\_\_ AM Estimated PICKUP TIME \_\_\_\_\_ AM PICKUP LOCATION \_\_\_\_\_

PM ROUTE # \_\_\_\_\_ PM Estimated DROP OFF TIME \_\_\_\_\_ PM DROP LOCATION \_\_\_\_\_

DATE PROCESSED \_\_\_/\_\_\_/\_\_\_ SCHOOL NOTIFIED \_\_\_/\_\_\_/\_\_\_ PARENT NOTIFIED \_\_\_/\_\_\_/\_\_\_ Rev 5-18-21

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## Residency Verification

**CURRENT DOCUMENTATION SUBMITTED (Copies)**  
**(ONE REQUIRED from SECTION A and ONE REQUIRED from SECTION B)**

| SECTION A  | SECTION B  |
|--|--|
| <input type="checkbox"/> New York State Drivers License<br><input type="checkbox"/> Non-drivers Identification | <input type="checkbox"/> Court/Agency Documentation<br><input type="checkbox"/> Documentation of Purchase of a Home within the District<br><input type="checkbox"/> Lease Agreement<br><input type="checkbox"/> Tax Bill |
|  | <input type="checkbox"/> Notarized Statement from a Landlord **  |

\*\* If no items from Section B (above) are available, a **Notarized Statement from a Landlord may be submitted with two (2) additional proofs** which may include two from the following list:

|   |  |
|---|--|
| NOTE:<br>Each of these documents must show the address of the residence | <input type="checkbox"/> One (1) – Car Registration<br><input type="checkbox"/> One (1) – Utility Bill<br><input type="checkbox"/> One (1) – Statement from a financial institution<br><input type="checkbox"/> One (1) – Payroll Stub<br><input type="checkbox"/> One (1) – Government Benefit document |
|---|--|