



# Westerville City Schools Transportation Services

125 East Walnut Street, Westerville, OH 43081  
Main Office (614) 797-5950 Fax (614) 797-5951

Robert Lynde  
Director of Transportation Services

## Vision

Our vision is  
to be the benchmark  
of educational  
excellence.

## Mission

Our mission is  
to prepare students  
to contribute  
to the competitive  
and changing world  
in which we live.

## Values

Respect  
Inclusiveness  
Community  
Communication  
Collaboration  
Innovation  
Nurturing  
Trust  
Accountability

TO: PARENTS OF STUDENTS REQUESTING BUS SERVICE TO A PRIVATE,  
PAROCHIAL, CHARTER, OR COMMUNITY SCHOOL FOR 2011-12 SCHOOL YEAR

Attached is the Private School Student Transportation Information Form for the 2011-12  
School Year. Please complete the form and bring it, along with the required documentation,  
to:

Westerville City Schools Enrollment Center  
300 Polaris Parkway,\* Suite 3200  
Westerville, Ohio 43082  
(614) 797-7700  
Office Hours: 7:30 a.m. - 4:30 p.m. Monday - Friday

\*located inside the OhioHealth Westerville Medical Campus Building (Polaris Parkway/Africa  
Road)

Please note the following:

1. Complete one (1) form for each student;
2. Additional forms can be found by visiting our website at [www.wcsoh.org](http://www.wcsoh.org) and clicking on the Transportation tab, located on the left side of the screen. This form has also been provided to those private schools currently utilizing WCS transportation services;
3. Bring this completed form, along with the following documentation, to the WCS Enrollment Center:
  - ★ Photo ID for custodial parent; and,
  - ★ Two (2) proofs of current residency ~ any combination of two items from the list notated on the back of this memorandum
4. To ensure proper scheduling and avoid delay, forms **MUST** be submitted by July 1, 2011. Any forms received after July 1<sup>st</sup> will be processed/scheduled as soon as possible.
5. Please contact the Westerville City Schools Enrollment Center at (614) 797-7700 with questions regarding the completion of this form.
6. Routing/bus stop questions may be answered by contacting the Transportation Department at (614) 797-5950.

Students who are scheduled for school bus services will receive a postcard, listing specific transportation arrangements, the week of August 20, 2011.



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## VERIFICATION OF RESIDENCE

- ★ Settlement statement to buy property (within 60 days of closing); or
- ★ Up-to-Date\* Rental/Lease Agreement with custodial parent's name (and ALL adult residents) listed;  
\*If on month-to-month lease, please bring current verification from landlord, including landlord's contact information
- ★ **Current** (within 30 days) Water Bill, showing service address at Westerville Schools' residence; or
- ★ **Current** (within 30 days) Gas Bill, showing service address at Westerville Schools' residence; or
- ★ **Current** (within 30 days) Electric Bill, showing service address at Westerville Schools' residence; or
- ★ **Current** (within 30 days) Landline Telephone Bill, showing service address at Westerville Schools' residence; or
- ★ **Current** (within 30 days) Cable Bill, showing service address at Westerville Schools' residence; or
- ★ **Current** (within 30 days) Government Mailing (child support, government assistance)



**WESTERVILLE CITY SCHOOL DISTRICT ENROLLMENT FORM**  
 Ohio Health Medical Building  
 300 Polaris Parkway, Suite 3200  
 Westerville, Ohio 43082  
 7:30 a.m. - 4:30 p.m. Monday - Friday

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

**Private/Parochial/Charter/Community School Student Transportation Information Form**  
**2011-12 School Year**

**Student Information Only**

*I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned from the Westerville City School District upon discovery. Knowingly falsifying this document is a violation of the Ohio Revised Code: Section 2921.13(A)(6) which is a First Degree Misdemeanor punishable by a prison term of six (6) months and/or a fine up to \$1000.00. False information may result in the loss of a student's athletic eligibility for one calendar year. \_\_\_\_\_ (initial)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

2011-12 Grade Level: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_ Unlisted? (circle one) Yes No

Street Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_ If there is a lease at this address, Lease Expiration Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (circle one) Male Female

Birthplace City, State: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If not U.S., please specify date of entry into the U.S.: \_\_\_\_\_ Date first enrolled in U.S. Schools: \_\_\_\_\_

Is the student a Foreign-Exchange Student: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
 School of Attendance for 2011-12 \_\_\_\_\_ School Address \_\_\_\_\_

\_\_\_\_\_  
 Name of Last School Attended \_\_\_\_\_ Complete Address of Last School Attended \_\_\_\_\_

Has your child ever been enrolled in a Westerville City School? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the name of that school(s): \_\_\_\_\_

Has your student ever been expelled from Westerville City Schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you receive school bus service during the 2010-11 school year from Westerville City Schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you requesting transportation services for the 2011-12 school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please mark: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ BOTH If NO, please sign \_\_\_\_\_

FOR EC OFFICE USE ONLY

Registration Date: \_\_\_\_\_ Time: \_\_\_\_\_

Registrar: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Bldg: \_\_\_\_\_

ES: \_\_\_\_\_ MS: \_\_\_\_\_ HS: \_\_\_\_\_ SUB: \_\_\_\_\_

**Parent/Legal Guardian Information ONLY**

**Parent/Legal Guardian 1: .....**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Employer Name: \_\_\_\_\_

**Parent/Legal Guardian 2: .....**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Is student court-placed or in foster care? (circle one): Yes No (if yes, please provide documentation)

At the time of the birth of this child, biological parents were: \_\_\_ single \_\_\_ married \_\_\_ separated \_\_\_ divorced \_\_\_ other

Current marital status of biological parents: \_\_\_ single \_\_\_ married \_\_\_ separated \_\_\_ divorced

*(Section 3313.672 of the Ohio Revised Code requires, at the time of admission of a student to a public school district whose parents are divorced or the subject of a dissolution, that the "residential parent" file a certified copy of the divorce or dissolution decree or order allocating parental rights and responsibilities and designating a residential parent and legal custodian. A certified copy may be obtained from the clerk of the court that issued the decree or order. The residential parent and legal custodian also must file any modification of any order or decree affecting the allocation of parental rights or the designation of residential parent and legal custodian.)*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION — Please list two local contacts, other than parents/guardians listed above:**

**Emergency Contact #1: .....**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Emergency Contact #2: .....**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Physician Information: .....**

Name: \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Official Use ONLY Below this Space

Three horizontal lines for official use only.