



Waterloo Non-Public School Registration and Request for Transportation

Registration Form

Student Information:

Last Name _____ First Name _____

Date of Birth _____ Grade _____ Gender _____

Address: _____

Parent Information:

Parent/Guardian Name _____ Phone _____

Address _____

Email address _____

Parent/Guardian Name _____ Phone _____

Address _____

Email address _____

Private School Information

Name of Private School _____

Address of the School _____

Contact person at school _____ School phone number _____

Proof of Residency included? ___yes ___no, I will be faxing or emailing asap. I understand my application cannot be processed without this.

Immunizations included? ___yes ___no, I will be faxing or emailing asap. I understand my application cannot be processed without this.

Does the student have any allergies or life-threatening illness that might warrant emergency medications? ___yes ___no (If yes the nurse will reach out to create a safety plan for the bus)



Waterloo Non-Public School

Registration and Request for Transportation

We are required to have on file at least 2 emergency contacts for each student.

Student's Name: _____

ADULT INFORMATION (CONTACT PRIORITY #1-PARENT OR GUARDIAN)

Last Name _____ First Name _____

Address _____

Primary Phone _____ Secondary Phone _____

Relationship to student _____ Email Address _____

Permission to contact in an emergency? Yes No

Permission to release student to if needed? Yes No

ADULT INFORMATION (CONTACT PRIORITY #2)

Last Name _____ First Name _____

Address _____

Primary Phone _____ Secondary Phone _____

Relationship to student _____ Email Address _____

Permission to contact in an emergency? Yes No

Permission to release student to if needed? Yes No

ADULT INFORMATION (CONTACT PRIORITY #3)

Last Name _____ First Name _____

Address _____

Primary Phone _____ Secondary Phone _____

Relationship to student _____ Email Address _____

Permission to contact in an emergency? Yes No

Permission to release student to if needed? Yes No



Waterloo Non-Public School Registration and Request for Transportation

Transportation Form

Student's Name: _____

Private School Name: _____

AM Pick Up

Address _____

Responsible party: _____ Phone: _____

PM Drop Off

Address _____

Responsible party: _____ Phone: _____

Please note:

- All addresses must be within the Waterloo Central School District
- All requests for non-public school transportation should be in no later than April 1.
- All requests are subject to approval by the Superintendent of Schools
- This packet must be completed in full to be considered for transportation.

Parent/Guardian Signature: _____ Date: _____

Completed Packets should be submitted to:

Central Registrar: Heather Elisofon
315-539-1502 (Phone) / 315-539-1504 (Fax)
heather.elisofon@waterloocsd.org
109 Washington Street, Waterloo, NY 13165

Office Use Only

Entered into ST _____ Student ID _____ Residency Confirmation _____

Emergency plan needed? _____ Immunizations _____ Nurse Approved _____