

**DEPEW UNION FREE SCHOOL DISTRICT**  
**CHANGE OF RESIDENCY FORM**  
**BUILDING LEVEL**  
**(in-district move)**

This form is to be used for changes during the school year for verifying in-district moves after the central registration process was completed. This form can be downloaded from website [www.depewschools.org](http://www.depewschools.org) or picked up at one of the school buildings where a child attends.

**Documentation Required (\*Needed Immediately):**

- Proof of Residency (See below for examples) \*
- Parent/Guardian Identification (See below for examples) \*

**IDENTIFICATION DOCUMENTATION**

**One Required:**

- Valid Driver's License
- Non-Driver's Identification Card
- Passport
- Photo Id (work, security, governmental )
- Foster Care Form – DSS2999

**RESIDENCY DOCUMENTATION**

<b>One Required:</b>	<b>Plus one of these:</b>
<input type="checkbox"/> Documentation of purchase of home in district	<input type="checkbox"/> Car registration
<input type="checkbox"/> Deed, Lease or Rental agreement	<input type="checkbox"/> Utility bill (no cable bills)
<input type="checkbox"/> Notarized statement from a landlord	<input type="checkbox"/> Statement from a financial institution
	<input type="checkbox"/> Payroll stub
	<input type="checkbox"/> Government benefit document
	<input type="checkbox"/> Voter registration Documents
	<input type="checkbox"/> Documents issued by Federal, State or Local agencies
	<input type="checkbox"/> Tax bill
<b>*Note:</b> Each of these documents must show the applicant's address of residence which must match the address on the notarized statement of residence.	<input type="checkbox"/> Income tax form

Statement of residency: I, by signing this statement, am testifying that my child is a legal resident of the Depew U.F.S.D. 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 a parochial or private school, transportation cost may be sought.

Parents/Guardians are responsible for payment of tuition if the parent's residency is not within the Depew U.F.S.D. If children move out of the district, their parents/guardians are responsible for withdrawing them in accordance with the district policy or for paying tuition. The Depew U.F.S.D. will seek restitution for tuition if it is deemed that the student is not a resident of the district.

Parent/person in Parental Relation	Students Name and Grades

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

NB: Proof of Residency is subject to approval by Depew UFSD Assistant Superintendent for Curriculum, Instruction, and Personnel.

**DEPEW UNION FREE SCHOOL DISTRICT  
SPECIAL BUSING REQUEST  
APPLICATION**

**FOR TRANSPORTATION OFFICE USE ONLY**  
 School Year 20 \_\_\_\_ - 20 \_\_\_\_  
 Special Bus No. \_\_\_\_\_  
 Regular Bus No. \_\_\_\_\_

- \*Applications must be received at least three (3) days in advance for special busing request. Only one (1) Special Busing request per semester.
- \* Applications for the upcoming year must be received no later than July 31<sup>st</sup> of the past school year.

Three copies included. Please press firmly.

DATE OF APPLICATION \* \_\_\_\_\_ START DATE REQUESTED \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
Last Name First Name MI

HOME ADDRESS \_\_\_\_\_  
Street Address Apartment No Town/Village Zip Code

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE: \_\_\_\_\_

HOMERM / CLASSRM TEACHER \_\_\_\_\_ CURRENT BUS NO. \_\_\_\_\_

**Bus Transportation Request:** Briefly describe where your child is to be picked up or dropped off. Only one (1) pickup/drop off location other than your home address may be designated. Location of the pickup/drop off must be within the attendance zone of the Depew Union Free School District and are subject to pre-determined District bus stops.

\_\_\_\_\_  
 \_\_\_\_\_

DAY	Pickup Location	P/U Location Approved (Trans. Office Use Only)	Drop-Off Location	D/O Location Approved (Trans. Office Use Only)
MON	_____	_____	_____	_____
TUES	_____	_____	_____	_____
WED	_____	_____	_____	_____
THURS	_____	_____	_____	_____
FRI	_____	_____	_____	_____

**PARENT/GUARDIAN SIGNATURE:** By signing below, I understand and acknowledge that, by designating a pick up/drop off location other than that which the District would normally assign my child(ren), I remain responsible for my child(ren)'s health, safety and welfare up to and upon their arrival at such location(s). By signing below, I hereby absolve and release the District of any liability that may arise, or become otherwise associated with the location(s) I designate in this request.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THIRD PARTY SIGNATURE-** By signing below, I understand and acknowledge that, I become responsible for the health, safety and welfare of the students named above, upon the student's arrival, either by the student's parent or school bus, at the designated location. By signing below, I hereby absolve and release the District of any liability that may arise, or become otherwise associated with the location(s) designated by this Request.

THIRD PARTY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF BLDG. ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF TRANS. SPVR. \_\_\_\_\_ DATE \_\_\_\_\_