

**Central Dauphin School District
Transportation Department
600 Rutherford Road
Harrisburg Pa 17109
(717) 545-4703 ext. 518
Fax (717) 214-1887**

NON PUBLIC SCHOOL REGISTRATION INFORMATION

(This form MUST be faxed to Transportation Dept. to ensure bus assignment)

SCHOOL _____ **EFFECTIVE DATE** _____

_____ : **REGISTRATION** _____ **FORMER SCHOOL:** _____

_____ : **WITHDRAWAL** _____ **SCHOOL TRANSFERRED TO:** _____

STUDENT'S NAME _____ **GRADE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

STUDENT DATE OF BIRTH _____ **HOME PHONE** _____

FATHERS NAME _____ ***ADDRESS** _____

MOTHERS NAME _____ ***ADDRESS** _____

EMERGENCY PHONE _____ **NAME** _____

***complete only if different from students address**

_____ **AM TRANSPORTATION**

_____ **PM TRANSPORTATION**

_____ **TRANSPORTATION IS NOT NEEDED**

SIGNATURE OF PERSON COMPLETING THIS FORM _____

FOR TRANSPORTATION DEPARTMENT USE ONLY

AM- BUS/VAN NO: _____ **STOP TIME:** _____

STOP NAME: _____

AM- SHUTTLE: _____ **FROM:** _____

PM-SHUTTLE: _____ **FROM:** _____

PM- BUS/VAN NO: _____ **STOP TIME:** _____

STOP NAME: _____

ROUTE SPECIALIST _____ **DATE:** _____

LOWER DAUPHIN SCHOOL DISTRICT FORM FOR
PAROCHIAL / PRIVATE SCHOOL TRANSPORTATION FORM

We are requesting transportation services by the Lower Dauphin School District for our children listed

1. Student name _____
(Print Name)

1. School attending _____

2. Student name _____
(Print Name)

2. School attending _____

3. Student name _____
(Print Name)

3. School attending _____

Parent/Guardian Name(s) _____
(Print Name(s))

Address: _____

Signature(s) _____ Date _____

_____ Date _____

Request to start transportation should be returned to:

Lower Dauphin Transportation
291 E Main St.
Hummelstown, PA 17036 or via E-mail to ldsctrans@ldsd.org

**STEELTON-HIGHSPIRE SCHOOL DISTRICT
NON-PUBLIC PA-8**

ENROLLMENT REGISTRATION FORM FOR TRANSPORTATION

INFORMATION

STUDENT NAME _____
LAST FIRST MIDDLE

ADDRESS _____

PARENT NAME _____
LAST FIRST

STUDENT'S BIRTHDATE _____
MONTH DAY YEAR

RACIAL CODE _____

HOME PHONE _____ CELL PHONE _____

SCHOOL NUMBER/NAME (_____) _____
SCHOOL NAME

GRADE _____

ENTRY CODE _____ DATE OF ENTRY _____

- AM ONLY TRANSPORTATION PM ONLY TRANSPORTATION
 BOTH AM/PM TRANSPORTATION NO TRANSPORTATION NEEDED

FORM COMPLETED BY _____ DATE _____

FOR TRANSPORTATION USE ONLY:

BUS NUMBER _____

STOP LOCATION _____

PICK UP TIME _____ AM

INSTRUCTIONS:

1. Use this form ALL STUDENTS
2. Complete ONLY the INFORMATIONAL Section. All information should be completed.
3. School Name - Fill in School Name - Do not write in brackets

FORWARD DIRECTLY TO:

STEELTON-HIGHSPIRE
SCHOOL DISTRICT
TRANSPORTATION
250 REYNDERS AVENUE,
STEELTON, PA 17113
OR
FAX TO: (717) 704-3808

SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT
Harrisburg, PA 17110

NEW ENTRANT

SCHOOL YEAR _____ - _____

Registration Form for Transportation of Non-Public School Students

STUDENT NAME: _____

ADDRESS: _____

STUDENT BIRTH DATE: _____ PHONE #: _____

NAME OF SCHOOL: _____

ENTRY DATE: _____ GRADE: _____

SCHOOL ISSUED STUDENT ID # (only if used for Ride 360 mobile app): _____

FOR STSD USE ONLY

ASSIGNED BUS #: _____ DRIVER: _____

BUS STOP LOCATION: _____

PICK-UP TIME: _____

Please submit this form to:
Dyana Cooper, Student Transportation Specialist
Susquehanna Township School District
dcooper@hannasd.org
2579 Interstate Dr
Harrisburg, PA 17110

THIS FORM MUST BE COMPLETED AND FORWARDED TO SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT BY THE ENROLLING SCHOOL BEFORE A BUS ASSIGNMENT IS COMPLETED.

PLEASE complete page 2 (Household Census Form) before submitting this form to the school district.

