

Central Dauphin School District
Transportation Department
600 Rutherford Road
Harrisburg Pa 17109
(717) 545-4703 ext. 70518
Fax (717) 214-5018

NON PUBLIC SCHOOL REGISTRATION INFORMATION

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

SCHOOL HOLY NAME OF JESUS 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: _____

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: Holy Name of Jesus School

ENTRY DATE: _____ GRADE: _____

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.

SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT
Harrisburg, PA 17110

HOUSEHOLD CENSUS FORM

ADDRESS: _____ TELEPHONE: ____ - _____

PLEASE LIST ALL PERSONS LIVING IN THE HOUSEHOLD

Last,	First,	M.I.	Relationship	Sex	DOB	Name of School

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 below during the 2020 – 2021 school year. Please return before August 11, 2021 to ensure transportation on the first day of school.

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 ldsdtans@ldsd.org