



Holy Name of Jesus School
6190 Allentown Boulevard
Harrisburg, Pennsylvania 17112
717-657-1704

Charter and Private Schools: PLEASE NOTE CHANGES FOR 2023-2024

The Central Dauphin School District (CDSD) now uses the interactive transportation software Traversa Ride 360 to communicate transportation assignments, updates, changes, and timely information regarding student transportation.

It is vitally important to note that ALL student transportation assignments are now accessed through either a mobile app or website. Bus assignment post-cards WILL NOT be mailed to the home. New assignments will be available in the Ride 360 mobile app for parents and the Student Transportation website for school.

A new process is in place for this upcoming school year. **Transportation assignments will not roll over from the previous year.** Parents/guardians within the CDSD requesting transportation to/from a non-public school must complete the attached Non Public/Charter School Registration form. **This form must be completed in full and signed by the parent/guardian, or it will be returned.** Once completed by the parent/guardian, the form must be returned to the student's school for School Staff Signature, verifying student's residency within the Central Dauphin School District. **Completion of a new transportation request will be required yearly. Please forward completed transportation request to the school office prior to June 1, 2023.**

Thank you for your cooperation in this matter.

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

NON PUBLIC/CHARTER SCHOOL REGISTRATION/WITHDRAW INFORMATION

(This completed form MUST be returned to CDS D Transportation Dept)

SCHOOL _____ EFFECTIVE DATE _____

_____: REGISTRATION

_____ AM TRANSPORTATION

_____: WITHDRAW

_____ PM TRANSPORTATION

_____ TRANSPORTATION IS NOT NEEDED

STUDENT'S NAME _____ GRADE _____

ADDRESS _____ CITY _____ ZIP _____

STUDENT DATE OF BIRTH _____ HOME PHONE _____

FATHERS NAME _____ ADDRESS _____

MOTHERS NAME _____ ADDRESS _____

(Email needed to access Ride 360 mobile app)

PRIMARY EMAIL ADDRESS _____

EMERGENCY PHONE _____ NAME _____

SIGNATURE OF PARENT _____ Date _____

SIGNATURE OF SCHOOL OFFICIAL _____ Date _____

RESIDENCY VERIFIED BY SCHOOL OFFICIAL ☐

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 _____ TODAY'S DATE: _____ EFFECTIVE DATE _____



Parents:

If you would like to schedule transportation to a childcare provider, you must complete a "Student Transportation Form". This form must be completed on a yearly basis as the established bus assignments do not carry over from year to year.

The childcare provider must be within your school's attendance area. If the provider is not in the attendance area, the request will be denied and the student's school will be advised. It will be the school's responsibility to advise the parents.

These forms must be completed and returned to your building secretary prior to **June 8, 2023** or directly to Central Dauphin School District Transportation Department. This form must be received no later than **August 1, 2023**. Forms received after these deadlines are not guaranteed to be processed by the start of the school year.

Thank you for your cooperation in this matter.

Central Dauphin School District
Transportation Department
600 Rutherford Road
Harrisburg, PA 17109
(717)545-4703 ext.70518
(717)214-5018 fax
jellis@cdschools.org
cdsdtransportation@cdschools.org



CENTRAL DAUPHIN SCHOOL DISTRICT TRANSPORTATION
600 Rutherford Road • Harrisburg, PA 17109
PHONE 717-545-4703, ext. 70518, FAX: (717) 214-5018

STUDENT TRANSPORTATION FORM

Student Name: _____

School: _____ Current Grade: _____

Home Address: _____ Phone: _____

Guardian Name: _____ Email: _____

(Email needed to access Ride 360 mobile app)

Transportation Request:

Change in current transportation assignment, **requested effective date:** _____

_____ **Option 1:** I would like my child to be transported daily to and from our home address listed above.

_____ **Option 2:** I do not want my student transported to and from our home address. Please transport my student as follows: (Address must be located within your student's school boundary and cannot vary from day to day/week to week, see policy on the next page).

AM daily pick-up: _____
(Address)

Person/Daycare responsible for my student:

(Name) (Phone)

PM daily drop-off: _____
(Address)

Person/Daycare responsible for my student:

(Name) (Phone)

Parent/Guardian Signature

Date

School Office Staff Signature and Residency verification

Date

Residency verified by School Official ☐

1. To ensure the safety of our students, there could be up to a five-day waiting period during the school year for your change request to be completed.
2. Summer change requests for the new school year should be submitted no later than August 1.
3. Please note incomplete forms will be returned and will cause a delay in your student's transportation.

PLEASE SEE BACK PAGE FOR PUPIL TRANSPORTATION POLICY

**Central Dauphin School District
Harrisburg, Pa 17109**

POLICY

PUPIL TRANSPORTATION

The Central Dauphin School District shall provide transportation for resident students, in grades kindergarten through twelve, to the district public schools and those non-public schools, located within a ten (10) mile road distance of the school district boundaries (as required by the Law of the Commonwealth of Pennsylvania).

School bus service is available to all students who reside more than a mile-and-a-half from the school they attend. If your student must cross over a road that has been determined as being hazardous by the Department of Transportation, a stop will be provided on the same side of the street that your student resides.

PROCEDURES

Eligibility for bus transportation shall be determined at the time of registration. Transportation shall be provided only to and from the assigned stop. * Written requests from a parent or guardian to change a student's pick-up/drop-off point must be filed with your student's school*

Arrangements for transportation to and/or from a babysitter and/or daycare location. must be made on a permanent basis. These arrangements will not vary day to day or week to week, i.e., requests for alternate days to different locations will not be honored. The district is not authorized to provide transportation to and/or from locations outside of your student's respective school boundary.

In the interest of safety, elementary students are not permitted to use bus transportation for any other purpose than to be transported to their assigned bus stops based on their place of residency or previously approved childcare facilities. Only in the case of an emergency will exceptions to this policy be considered by the building principal and then only in accordance with the individual school procedures.

Secondary building principals will honor written requests for a bus change for specific reasons. The change will be subject to availability of space on the bus involved. No requests will be approved if it is a convenience request, i.e., transportation to a job site.

The law prohibits a bus driver from changing stop locations without the approval of the school district administration. A change in transportation assignment, for reason(s) other than a residency change, if approved by the Central Dauphin Transportation Department, shall be subject to seating space availability and shall be permanent.

TRANSPORTATION CHANGES

One change request in transportation, for reason(s) other than a residence change, shall be permitted in a school term providing the change is permanent, seating space is available, the new stop lies within the same building attendance area, and no additional mileage is added to the bus route. All requests are subject to approval by CDS Transportation Department.

The permanent change will be for transportation to and from the same location a.m. and/or p.m., Monday through Friday; provided, however, that the a.m. location need not be the same as the p.m. location.

A temporary change shall be permitted in case of emergency. Emergencies such as disaster, death, illness, shall be determined by the building principal.

STUDENT NAME	LAST	FIRST	MIDDLE
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PARENT NAME _____

LAST FIRST

HOME PHONE _____ CELL PHONE _____

GRADE _____

AM ONLY
BOTH AM/PM

PM ONLY TRANSPORTATION
NO TRANSPORTATION NEEDED

FORM COMPLETED BY _____ DATE _____

BUS NUMBER _____

STOP _____

PICK UP TIME _____ AM

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

**HARRISBURG SCHOOL DISTRICT
TRANSPORTATION
1601 State St.
HARRISBURG, PA 17103
OR
FAX TO: (717) 703-4105**



291 E. Main Street
Hummelstown, PA 17036

Lower Dauphin School District

Dr. Robert K. Schultz, Superintendent

Phone: (717)566-5300
Fax: (717)566-3670
www.lds.org

May 15, 2023

Parents of; Private - Non-Public Schools – Charter and Vo-Tech Students

Ref: Transportation

Dear Parent / Guardian,

In order to make our routes more efficient, we will only schedule students onto our routes that request transportation. This can be done by any one of the following ways:

Return the attached form **(NO LATER THAN August 3, 2023)** to the address listed on the form
or

Contact our office via e-mail at ldsdtans@lds.org with your request for us to transport.

By NOT notifying us that your child will be riding the bus, we will not schedule a route for them.

Should you decide after the start of school that you would like transportation, simply contact us via mail or E-mail and request transportation to start. It will require at least 5 (five) school days to start transportation once we receive your request and could take upwards to 10 days.

If you have any questions please feel free to contact us at 717-566-5340. Thank you.

Sincerely,

Davina Haponski
Transportation Coordinator

LOWER DAUPHIN SCHOOL DISTRICT

REQUEST FOR TRANSPORTATION FORM

We are requesting transportation services by the Lower Dauphin School District for our children listed during the 2023 – 2024 school year. Please return before August 3, 2023. ***This form is for students attending a school other than Lower Dauphin School District schools. One form per school is needed.***

School attending _____

1. **Student name** _____
(Print Name)

2. **Student name** _____
(Print Name)

3. **Student name** _____
(Print Name)

4. **Student name** _____
(Print Name)

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

Contact phone number(s) _____

Address: _____

Signature(s) _____ **Date** _____

_____ **Date** _____

Your Parochial or Private school must also provide us a list showing your enrollment.

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

Middletown Area School District
NON-PUBLIC PA-8
2023-2024 SCHOOL YEAR
ENROLLMENT REGISTRATION FORM FOR TRANSPORTATION
Please complete form for ALL STUDENTS who reside in MASD

INFORMATION

NAME OF SCHOOL _____ PHONE _____

STUDENT NAME _____ GRADE _____

BIRTHDATE ____/____/____ GENDER _____

STUDENT'S HOME ADDRESS _____

HEALTH CONCERNS _____

PARENT NAME _____ HOME PH _____ CELL PH _____

PARENT NAME _____ HOME PH _____ CELL PH _____

PARENT EMAIL _____ PARENT EMAIL _____

CUSTODY INFORMATION (if applicable) _____

SITTER INFORMATION (if applicable):

NAME _____ PHONE _____

ADDRESS _____ AM or PM or BOTH

TRANSPORTATION

____ AM ONLY TRANSPORTATION

____ PM ONLY TRANSPORTATION

____ BOTH AM/PM TRANSPORTATION

____ NO TRANSPORTATION NEEDED

FORWARD TO

MIDDLETOWN AREA SCHOOL DISTRICT TRANSPORTATION
transportation@raiderweb.org
Fax to: 717-948-4006
Phone: 717-948-3327 X 3000 or 3001

**Steelton-Highspire School District
NON-PUBLIC PA-8
ENROLLMENT REGISTRATION FOR TRANSPORTATION**

INFORMATION

STUDENT _____

LAST

FIRST

MIDDLE

ADDRESS _____

PARENT/GUARDIAN NAME _____

HOME PHONE _____ **CELL PHONE** _____

EMERGENCY CONTACT PERSON _____

HOME PHONE _____ **CELL NUMBER** _____

RACE (please circle) WHITE BLACK ASIAN HISPANIC INDIAN/HAWAIIAN MULTIRACIAL

STUDENTS'S BIRTHDATE ____/____/____ **GRADE** _____

MONTH DAY YEAR

SCHOOL NAME _____ **PHONE** _____

DATE OF ENTRY _____

PLEASE CHECK ONE:

____ AM ONLY TRANSPORTATION

____ PM ONLY TRANSPORTATION

____ BOTH AM/PM TRANSPORTATION

____ NO TRANSPORT NEEDED

FORM COMPLETED BY _____ **DATE** _____

FOR TRANSPORTATION USE ONLY

BUS NUMBER _____

STOP LOCATION _____

PICK UP TIME _____

FORWARD DIRECTLY TO
Steelton-Highspire School District
TRANSPORTATION DEPARTMENT
250 REYNOLDERS AVE
STEELTON, PA 17113
PHONE (717)704-3807
FAX (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.

SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT
Harrisburg, PA 17110

HOUSEHOLD CENSUS FORM

(Must be completed and submitted with the New Entrant Form)

ADDRESS: _____ TELEPHONE: (____) _____

PLEASE LIST ALL PERSONS LIVING IN THE HOUSEHOLD

[illegible]



Derry Township School District
Transportation Department
717-566-7422

School Year _____

Steve Bell, Director – sbell@hershey.k12.pa.us
Cheryl Lewis, Coordinator – clewis@hershey.k12.pa.us
Joseph Martin, Administrative Assistant – josmartin@hershey.k12.pa.us

REQUEST FOR TRANSPORTATION UNDER ACT 372

Please complete this form to ensure proper transportation for the upcoming school year. A separate form for ***each child must be completed annually*** for continued transportation services for all non-public school students. Once this form is completed, return to our office by ***Tuesday, August 1, 2023***. Your child will not be scheduled for transportation if a completed form is not submitted to the Derry Township School District Transportation Office.

Effective Date: _____

(Please Print)

Name of student: _____ Date of Birth: _____

Address: _____ Grade entering: _____

_____ Male or Female _____

Non-Public/Private School attending: _____

(Please Print)

Parent/Guardian 1 Information

Parent/Guardian 2 Information

Parent Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

☐ **I DO NOT** request transportation at this time. Student will drive or is parent transport to/from school.

☐ **I DO** request transportation at this time. ☐ **AM** ☐ **PM** ☐ **Both**

Parent's signature: _____ Date: _____

Emergency contact names and phone numbers (other than parents/guardians):

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____