#### 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 SCHOO	L:	
: WITHDRAWAL	SCHOOL TRANSFERRED TO:		
STUDENT'S NAME		_GRADE	
ADDRESS	CITY	ZIP	
STUDENT DATE OF BIRTH	НОМЕ РНО	ONE	
FATHERS NAME	*ADDRESS		
MOTHERS NAME	*ADDRESS		
EMERGENCY PHONE	NAME		
*complete only if different from students address			
AM TRANSPORTATION			
PM TRANSPORTATION			
TRANSPORTATION IS NOT NE	EDED		
SIGNATURE OF PERSON COMPLETING TH	IS FORM		
FOR TRANSPORTATION DEPARTMENT US			is ann increasis personing any filipetity CES-CES-CES-CES
AM- BUS/VAN NO:	STOP TIME:		
STOP NAME:			
AM- SHUTTLE:FROM:			
PM-SHUTTLE:FROM:			
PM- BUS/VAN NO:	STOP TIME:		0.03
STOP NAME:			
ROUTE SPECIALIST	DATE		

# HARRISBURG SCHOOL DISTRICT NON-PUBLIC PA-8 ENROLLMENT REGISTRATION FORM FOR TRANSPORTATION INFORMATION

STUDENT NAME						
	LAST			FIRST	MIDDLE	
ADDRESS						
PARENT NAME	-	LAST	Γ		FIRST	
STUDENT'S BIRTH	DATE		/	YR.	○ NEW STUDENT	
HOME PHONE			D/(I	.,,,	LL PHONE	
SCHOOL NUMBER	/NAME	(	_) ;	SCHOOL NA		
GRADE						
ENTRY CODE				DATE OF	ENTRY	
AM ON BOTH				8	PM ONLY TRANSPORTATION NO TRANSPORTATION NEEDED	
FORM COMPLETE	OBY				DATE	
	F	OR TRA	NSPORT	ATION USE C	ONLY:	
BUS N	UMBER				_	
STOP		-			_	
PICK U	IP TIME	9 <del>1</del>			<u>AM</u>	

## 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	(Duint Nama)		
	(Print Name)		
1. School attending			
2. Student name	(Print Name)		
2. School attending			
3. Student name	(Print Name)		
3. School attending			
D (C) and Para Name (a)			
Parent/Guardian Name(s)	(Print Name(s))		
Address:			
*			
Signature(s)		Date	
		<b>D</b> 4	
		, , , , , , , , , , , , , , , , , , , ,	

Request to start transportation should be returned to:

Lower Dauphin Transportation 291 E Main St. Hummelstown, PA 17036 or via E-mail to <a href="mailto:ldsdtrans@ldsd.org">ldsdtrans@ldsd.org</a>

## **Middletown Area School District Non-Public Transportation Change Form**

Fax 717-948-3329 transportation@raiderweb.org

To: M	IASD Transportation Coordinator	
From:	(7.1.1)	
	(School)	
Date:		
Re:	Student Change of Address	
	Student Withdrawal	
	New Student	
Student	Change of Address	
Name: _		Grade
Moved	to	
Student	Withdrawal	
Name:_		Grade
	wal Date	
New Stu	udent	
N	ame	Grade
Ad	ddress:	
St	tart date:	
C!!		Data
Signatur	re:	Date:

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

#### **ENROLLMENT REGISTRATION FORM FOR TRANSPORTATION**

		INFORMATION		
STUDENT NAME ADDRESS	LAST	FIRST		MIDDLE
PARENT NAME	LAST		FIRST	
STUDENT'S BIRTH	the same of the sa	/ DAY YEAR	;	
RACIAL CODE				
HOME PHONE		C	ELL PHONE	
SCHOOL NUMBER	\			
GRADE	#	SCHOOL NAME		
ENTRY CODE		DATE	OF ENTRY	
OAM ONL	Y TRANSPORTATIO	N	OPM ONLY	TRANSPORTATION
<b>О</b> вотн а	M/PM TRANSPORTA	ATION	O NO TRANS	SPORTATION NEEDED
FORM COMPLETE	D BY		DATE	
	FOR TRAN	SPORTATION US	E ONLY:	
BUS NU	MBER -			
STOP LO	OCATION			
PICK UF	TIME _		AM	
	STUDENTS the INFORMATIONA			pe completed.

#### 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 VEAR

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):	
	used for Ride 360 mobile app):  FOR STSD USE ONLY	
ASSIGNED BUS #:	FOR STSD USE ONLY	

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)

4.D.D.D.C.C.	TELEPHONE ( )
ADDRESS:	TELEPHONE: ()

## PLEASE LIST ALL PERSONS LIVING IN THE HOUSEHOLD

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