

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

INFORMATIONAL

STUDENT NAME _____

LAST

FIRST

MIDDLE

ADDRESS _____

PARENT NAME _____

LAST

FIRST

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

STUDENTS'S BIRTHDATE _____/_____/_____

MONTH DAY YEAR

HOME PHONE _____

CELL PHONE _____

SCHOOL NAME _____

PHONE _____

DATE OF ENTRY _____

_____ 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
250 REYNDERS AVE
STEELTON, PA 17113
FAX (717)704-3808