**HARRISBURG 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 _____ /_____ /_____ ☐ NEW STUDENT
MO. DAY YR.

RACIAL CODE _____

HOME PHONE _____ CELL PHONE _____

SCHOOL NUMBER/NAME (_____) Saint Catherine Laboure School
# SCHOOL NAME

GRADE _____

ENTRY CODE DATE OF ENTRY August 2023

AM ONLY
BOTH AM/PM

PM ONLY TRANSPORTATION
NO TRANSPORTATION NEEDED

FORM COMPLETED BY _____ DATE _____

**FOR TRANSPORTATION USE ONLY:**

BUS NUMBER _____

STOP _____

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:**

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