

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 ASIA HISPANIC INDIAN/HAWAIIAN MULTIRACIAL

STUDENT'S BIRTHDAY _____ / _____ / _____ GRADE _____

MONTH

DAY

YEAR

HOME PHONE _____ CELL PHONE _____

SCHOOL NAME _____ PHONE _____

DATE OF ENTRY _____

AM ONLY TRANSPORTATION

PM ONLY TRANSPORTATION

BOTH AM/PM TRANSPORTATION

NO TRANSPORTATION 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 AVENUE

STEELTON, PA 17113

FAX (717)704-3808