

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

NON PUBLIC SCHOOL REGISTRATION INFORMATION

(This form **MUST** be faxed to Transportation Dept. to ensure bus assignment)

SCHOOL _____ **EFFECTIVE DATE** _____

_____ **: REGISTRATION** _____ **FORMER SCHOOL:** _____

_____ **: WITHDRAWAL** _____ **SCHOOL TRANSFERRED TO:** _____

STUDENT'S NAME _____ **GRADE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

STUDENT DATE OF BIRTH _____ **HOME PHONE** _____

FATHERS NAME _____ ***ADDRESS** _____

MOTHERS NAME _____ ***ADDRESS** _____

EMERGENCY PHONE _____ **NAME** _____

***complete only if different from students address** **PARENT EMAIL ADDRESS:**

_____ **AM TRANSPORTATION**

_____ **PM TRANSPORTATION**

_____ **TRANSPORTATION IS NOT NEEDED**

SIGNATURE OF PERSON COMPLETING THIS FORM _____

-- 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 _____ **DATE:** _____