

**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 () _____
 # SCHOOL NAME

GRADE _____

ENTRY CODE DATE OF ENTRY
 AM ONLY PM ONLY TRANSPORTATION
 BOTH AM/PM 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
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FORWARD DIRECTLY TO:

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