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/HAWAIAN MULTIRACIAL

STUDENT'S BIRTHDAY _____/_____/_____ GRADE_____

MONTH DAY YEAR

HOME PHONE _____CELL PHONE _____

SCHOOL NAME Saint Catherine Laboure School PHONE 717-564-1760

DATE OF ENTRY August 2024

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