

Middletown Area School District

NON-PUBLIC PA-8

2024-2025 SCHOOL YEAR

ENROLLMENT REGISTRATION FORM FOR TRANSPORTATION

Please complete form for **ALL STUDENTS** who reside in MASD

INFORMATION

NAME OF SCHOOL _____ PHONE _____

STUDENT NAME _____ GRADE _____

BIRTHDATE ____/____/____ GENDER _____

STUDENT'S HOME ADDRESS _____

HEALTH CONCERNS _____

PARENT NAME _____ HOME PH _____ CELL PH _____

PARENT NAME _____ HOME PH _____ CELL PH _____

PARENT EMAIL _____ PARENT EMAIL _____

CUSTODY INFORMATION (if applicable) _____

SITTER INFORMATION (if applicable):

NAME _____ PHONE _____

ADDRESS _____ AM or PM or BOTH

TRANSPORTATION

_____ AM ONLY TRANSPORTATION

_____ PM ONLY TRANSPORTATION

_____ BOTH AM/PM TRANSPORTATION

_____ NO TRANSPORTATION NEEDED

FORWARD TO

MIDDLETOWN AREA SCHOOL DISTRICT TRANSPORTATION

transportation@raiderweb.org

Fax to: 717-948-4006

Phone: 717-948-3327 X 3000 or 3001