

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: _____