

**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: \_\_\_\_\_**