

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: \_\_\_\_\_