

HARRISBURG SCHOOL DISTRICT
NON-PUBLIC PA-8
ENROLLMENT REGISTRATION FORM FOR TRANSPORTATION INFORMATION

STUDENT NAME _____
LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____

PARENT NAME _____
LAST _____ FIRST _____

STUDENT'S BIRTHDATE _____ / _____ / _____
MO. DAY YR.



NEW STUDENT

RACIAL CODE _____

HOME PHONE _____ CELL PHONE _____

SCHOOL NUMBER/NAME (_____) # _____ SCHOOL NAME _____

GRADE _____

ENTRY CODE _____ DATE OF ENTRY _____



AM ONLY
BOTH AM/PM



PM ONLY TRANSPORTATION
NO TRANSPORTATION NEEDED

FORM COMPLETED BY _____ DATE _____

FOR TRANSPORTATION USE ONLY:

BUS NUMBER _____

STOP _____

PICK UP TIME _____ AM

INSTRUCTIONS:

1. Use this form **ALL STUDENTS**
2. Complete **ONLY** the **INFORMATIONAL** Section. All information should be completed.
3. School Name - Fill in School Name - Do not write in brackets

FORWARD DIRECTLY TO:

HARRISBURG SCHOOL DISTRICT
TRANSPORTATION
1601 State St.
HARRISBURG, PA 17103
OR
FAX TO: (717) 703-4105