PALISADES SCHOOL DISTRICT

2019-20 STUDENT INFORMATION SHEET AND TRANSPORTATION REQUEST FORM/NON-PUBLIC

FOR DISTRIBUTION TO ALL PALISADES RESIDENTS ENROLLING IN NON-PUBLIC SCHOOL WHO MAY BE ELIGIBLE FOR TRANSPORTATION (Even if no transportation is being requested)

Dear Parent or Guardian;
The Palisades School District provides transportation for non-public school children pursuant to Pennsylvania State Law. Transportation will be provided to and from an accredited non-public school that is located no more than ten (10) miles from the Palisades School District boundaries. If you believe you are eligible for transportation and desire to have it provided for the upcoming school term, **please fill out this form and return it to your school immediately**. The school will forward all requests to the Palisades School District Transportation Director. Your cooperation in providing complete answers and all information requested will help us to provide the best possible transportation service to all Palisades residents.

REQUEST FOR TRANSPORTATION / STUDENT INFORMATION – ACT #372

Complete a **separate form for each child** eligible for transportation for school year **2019-20**. Please provide **all** information.

STUDENT INFORMATION: Name_____ D.O.B.____/____/____

Previous School Attended (18-19)_____Grade(**2019-20**)____ Age____

Mailing Address_____ _____ _____ _____
(Street No. & Name/P.O. Box) (Town) (State) (ZipCode)

Residence Location_____ _____ _____
(Street No.) (Street Name) (Township/Borough)

SCHOOL INFO: Name of school to be attended (**2019-2020**)_____

Address_____Phone:_____

Student requires transportation for **2019-20** from Palisades School District: **YES**___**NO**___ Effective Date: ____/____/____

If **YES**: ___This student has never received transportation from Palisades School District.

___This student received transportation last year from Palisades School District. __**New Address since 6/15/19**

Previous(18-19)School _____Bus #____Stop Location_____

___This student has special needs due to physical limitations_____

If **NO**: ___Student will be transported to and from school by family or friends. AND /OR ___ Student will drive to school.

Please use the reverse side of this form to indicate any medical or personal information you wish to share that could be helpful to the driver or to Emergency personnel in the event of an emergency. All information will be considered confidential and shared on a need-to-know basis only. ADDITIONAL INFORMATION ON REVERSE____YES ____NO

EMERGENCY INFORMATION

Mother/Name:_____ Father/Name:_____

Phone: (Home)_____(Work)_____ Phone: (Home)_____(Work)_____

(Cell)_____(Pager)_____ (Cell)_____(Pager)_____

Emergency contact:_____ Phone:_____

Date: _____ Parent/Guardian Signature: _____

Print Name: _____

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