



Eastern York School District

120 South 3rd Street
P.O. Box 150
Wrightsville, PA 17368

(717) 252-1555 (Phone)
(717) 478-6000 (Fax)

STRIVING FOR EXCELLENCE

NON-PUBLIC SCHOOL STUDENT REQUEST FOR TRANSPORTATION

Please provide Eastern York School District with the following attendance and transportation information for all students attending non-public school for the 2019-2020 school year who are residents of our district. Students must be residents of Eastern York School District to ride our buses at any time.

Please return this form by June 15, 2019. Thank you for your cooperation.

STUDENT'S FULL LEGAL NAME: _____							
(First)		(Middle)	(Last & Jr., III...)				
GENDER: M / F	BIRTH DATE: / /	GRADE FOR 19/20 SCHOOL YEAR:					
ADDRESS:							
CITY & STATE:		ZIP CODE:					
SCHOOL CHILD WILL ATTEND:							
Parent/Guardian #1 NAME:							
Parent/Guardian #1 PHONE:		Parent/Guardian #1 EMAIL:					
Parent/Guardian #2 NAME:							
Parent/Guardian #2 PHONE:		Parent/Guardian #2 EMAIL:					
Emergency Contact NAME:		Emergency Contact PHONE:					
I am a resident of Eastern York School District and request transportation to the above mentioned private school. I desire transportation for my child in the:							
Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Both AM & PM	<input type="checkbox"/>	NO TRANSPORTATION NEEDED	<input type="checkbox"/>
Student rode on Eastern York School District transportation in 2018-2019				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In the AM, will the student be dropped off at the MS or picked up at a home stop:				Middle School	<input type="checkbox"/>	Home	<input type="checkbox"/>
PARENT/GUARDIAN SIGNATURE:							

To be filled out by Non-Public School:

This is to certify that the above named student is enrolled in your school and you have verified the above mentioned address			
PRINCIPAL/DESIGNEE'S SIGNATURE:			
NAME OF SCHOOL:			
EMAIL:		PHONE:	
START DATE:	Drop Off Times:	Pick Up Times:	